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DANUBE RIVER

SALZBURG

BREGENZ

VORARLBERG

INNSBRUCK

TYROL

SWITZERLAND

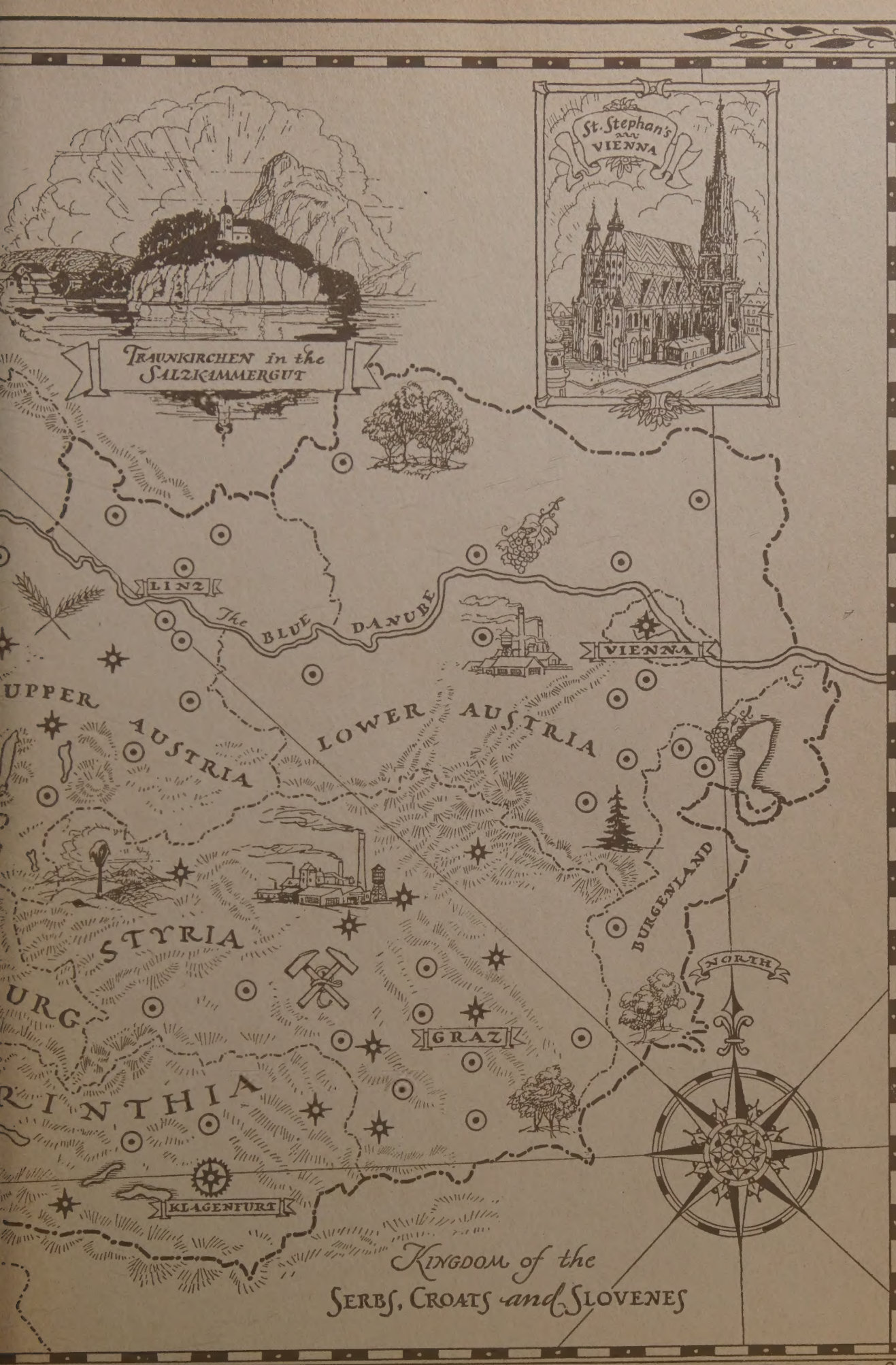
ITALY

LEGEND

⊙ ~ Child Health Station or Stations

✱ ~ Child Health Station & Prenatal Station

✱ ~ Center of Important Special Activities


St. Stephan's
VIENNA
TRAUNKIRCHEN in the SALZKAMMERGUT
LINZ
The BLUE DANUBE
VIENNA
UPPER AUSTRIA
LOWER AUSTRIA
BURGENLAND
STYRIA
GRAZ
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THE COMMONWEALTH FUND
ACTIVITIES IN AUSTRIA

A RECORD OF COLLABORATION
FOR CHILD HEALTH
1923-1929

THE COMMONWEALTH FUND ACTIVITIES IN AUSTRIA

1923 - 1929

WILLIAM J. FRENCH, M.D.

GEDDES SMITH

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[1] Resigned August 1, 1928.

Foreword

In its work in behalf of public health in Austria, the Commonwealth Fund has proceeded upon two fundamental principles which it believes to be sound. The first of these is that success in such a project in a foreign country with its own deep-rooted ideas and customs is to be attained, not by importing or superimposing an American program, however sound in itself or however well adapted, but rather by building upon established foundations, by training workers and providing them with opportunities for observation within and without their own country, and by the gradual educational development of methods and techniques. As a corollary to this principle, the work has been carried out *by* Austrians *for* Austrians. The American technical staff at no time has exceeded three persons, and during the last year has been limited to two. Its constant effort has been directed toward the assumption by Austrians of all responsibilities for leadership.

The second principle is one which for lack of a better expression may perhaps be briefly epitomized in the words "limited concentration." For an American organization to attempt to cover every phase of public health in all parts of even so small a country as Austria is obviously impossible. On the other hand, the mere giving of financial aid to public health in general, without the selection of activities capable of coordination and without provision for such opportunities as may point the way toward improved methods and standards would, in the judgment of the Fund, be likely to result in a very small philanthropic dividend. The Fund has chosen, therefore, in Austria, to assist in the development of certain basic enterprises in the public health structure and to select in particular communities certain other key undertakings which could be assisted as illustrations and demonstrations likely to exert a nation-wide influence. The aim has been not a complete national health program, but rather a concentration upon certain types of activity which may reasonably be expected to lead to such

a program with the increasing availability of trained personnel and with the growing sense of public responsibility.

This report is published in the thought that the philosophy underlying the work, and some of the resulting methods, may be of interest to those Americans who, especially since the war, have worked and struggled in many different countries and under widely varying conditions to make life a little less difficult, a little more worth while. Of more general interest perhaps will be the picture of Austria, of its struggle under great difficulties to protect its children, of its faithful and cheerful workers, and of their eagerness for better things. Finally, Austria has something to suggest to America; much of the detail of methods and of activities will, it is hoped, be of interest to public health and social workers in the United States.

The project has, of course, had its failures as well as its successes. If it has been a means toward better public health, it is only fair to say that to the Austrians themselves, whether leaders or workers in the ranks, to their energy, to their eagerness for progress, and to their deep spirit of real cooperation which has made them such pleasant people with whom to work, is due a large share of the credit.

To the appreciation already gracefully expressed by many Austrians, and by their government, for the work of Dr. William J. French and his colleagues, the Commonwealth Fund adds its thanks for his wise leadership in this piece of collaboration for child health.

BARRY C. SMITH

General Director of the Commonwealth Fund

AUGUST 1, 1929

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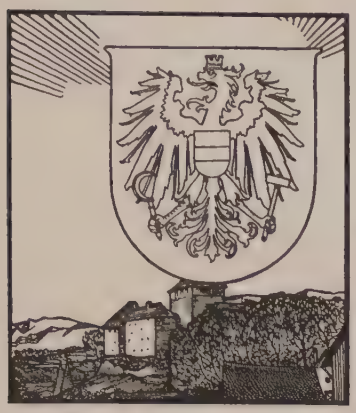
Chapter One: AUSTRIA



THE eleven-year old republic of Austria—heir to a thousand years of turbulent history—has been struggling since the Great War to find the way to live. Impoverishment, loss of territory, economic isolation, and social revolution have made the task difficult, sometimes desperate. Yet during these years of bewildering change Austria has found energy to build up, out of scattered projects begun before the war, a system of child care that is distinctive, flexible, and increasingly effective. Peculiarly Austrian, oddly compounded of fine-spun theory and hard common sense, this system is already fixed in the social and political structure of the country, and while it is still impossible to say what Austria's future as a nation may be, public responsibility for the health of mothers and children, and for the care of the socially handicapped child, seems likely to last as long as the nation does.

Naturally Austria has not accomplished this without help. The American Relief Administration, and in some measure the Commonwealth Fund, kept Austrians from starvation in the years immediately after the war. The American Friends Service Committee, the American Red Cross, and the Commonwealth Fund kept child health services alive when they were in danger of being swept away in the general collapse. For the past five years the Commonwealth Fund has put both technique and money at the command of Austrian health workers (and social workers so far as they were inextricably connected with health services) as a contribution toward the progressive strengthening of their work. But the work is Austrian; it was begun without foreign help; the Austrians have made their own choice of methods, accepting certain foreign ideas and rejecting others. Since the Commonwealth Fund program got fully under way the Austrians have much more than

matched with their own funds every dollar of American money given for salaries and equipment. American initiative has helped to clear the way for an Austrian enterprise.

These generalizations will perhaps become clearer as the development of child health services is traced in detail. Before this is done, however, it may be useful to outline the framework in which Austria's present system of child care has been created.

II

Put the population of Illinois into the area of Maine (but without a seacoast), surround it with six other countries, of which only two speak its language, fence the boundary all around with high tariffs, and you have a rough picture of the external situation of Austria. Run the Rockies through it from east to west, sprinkle lesser ranges over the rest of it, divide it into nine different provinces, most of which look back to centuries of independent feudal government, and you catch a glimpse of its internal structure. Cross the remnants of prehistoric tribes, of Celts, Romans, and the Slavic vanguard, with a broad stream of Bavarian settlers (and an Alemannic strain in Vorarlberg), add a few hundred thousand Jews, not forgetting a few gypsies in Burgenland, and you have your inhabitants. Let your capital city enjoy seven or eight centuries of pre-eminence in eastern Europe, crowd a quarter of your total population into it, and then suddenly snatch away seven-eighths of its hinterland, most of its trade, and nearly all of its political prestige, and you have a clue to Vienna.

This nation of six and a half million people, which had been ruled by the Habsburgs for six centuries as part of a shifting domain and had never had a clearly defined national existence, became a republic at the close of the Great War. The abrupt termination of this long autocracy was accomplished practically without bloodshed: the Austrians say of themselves that they are not extremists. The Communists were too few to seize control even temporarily, and the provisional government was stabilized in 1920 in the hands of the Social Democrats, the Austrian Socialist party. After two years they were succeeded by a coalition of

center and right-wing parties in which middle-class interests were dominant, and except for Vienna and some smaller industrial centers the Social Democrats are now in the minority throughout Austria.

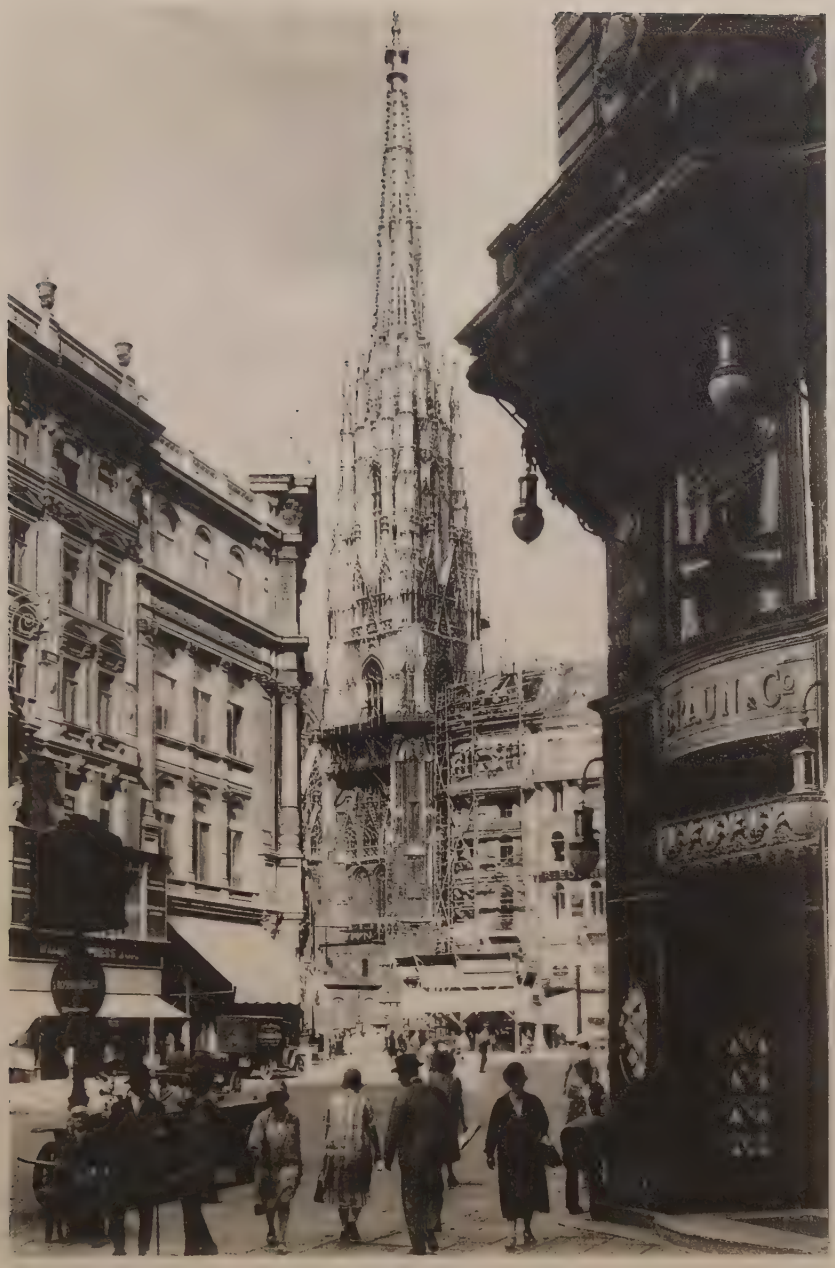
The establishment of the republic was accompanied by a very general pessimism as to its power to survive. Economically, the disorganization of Austrian trade when the empire was broken up, and the collapse of capital through the depreciation of the pre-war currency, have laid a heavy burden on the people. While the currency was falling trade was brisk, but when stabilization was accomplished unemployment rose rapidly until over 226,000 workers were without jobs, of whom 99,520 were in Vienna alone. That figure was gradually reduced, but a severe winter like the last was enough to send the totals up again to the maximum. While the balance of trade has been unfavorable to Austria, well-informed observers point out that through the growing tourist business, through what is left of Vienna's international credit and management activities, and through the revival of certain specialty manufactures, the situation has somewhat improved. Austria's invisible assets may already be sufficient to counteract her apparent disadvantage in international exchange.

However, the economic recovery of Austria, such as it is, has been accomplished only through liberal foreign loans. The League of Nations, recognizing the desperate situation in which the republic found itself, took Austria under special guardianship, arranged for the funding of her post-war obligations, and placed a commissioner in charge to supervise the process of balancing the budget and stabilizing the currency. Sharp reductions in governmental personnel—obviously necessary to adjust the imperial bureaucracy to the comparatively modest needs of a small republic—helped to relieve the national budget but placed additional hardship on the workers who were thus thrown out of employment. The commissioner was withdrawn in 1925, but the League retains some supervision over the expenditure of the reconstruction loan of 1922 (which has been used chiefly to restore and improve railroad and other public utility services), and may intervene whenever the sol-

vency of the nation is seriously threatened. The country has not yet reached a point where the amortization of its foreign obligations can be seriously begun. This background of economic depression and financial strain must be kept in mind when Austria's efforts to build up social and health services are considered.

Generalization as to the characteristics of so complex and civilized a people is perhaps impertinent, but it may help to throw light on Austria's progress in health work. First of all, the long tradition of autocracy in government has produced a disciplined attitude on the part of the ordinary citizen which shows itself in homely ways. For example, when the doctor at a health station fixes a date at which he wishes to see the mother and child again, the mother comes unquestioningly. She does not have to be reminded and wheedled and tactfully bulldozed as so often happens in American health work. The Austrian is accustomed, also, to respect intellectual and artistic leadership. His musicians are national heroes. His physicians are much in the public eye; when Pirquet died, the choice of his successor as director of the famous Kinderklinik was the subject of widespread and intelligent discussion. The Austrian usually has some skill of his own—he plays the violin, or he carves wood; he is proud of his own skill, and, valuing skill in others, he is readily teachable. Especially in the cities there is a cosmopolitanism and urbanity, built up through the centuries when Austria was the cross-roads and melting-pot of eastern Europe, which makes the Austrian hospitable to new ideas and courteous to the stranger whatever innovations he offers. Show a doctor a new way of working, and he not only is open-minded about it, but if he sees that it is more skilful than his own he will adopt it with real enthusiasm.

Over against this receptivity, however, must be put the attitude of the peasant, who especially in the remoter mountain valleys clings to a deep-rooted and intensely local culture. One must reckon also with the strong tradition of local independence which characterizes the provinces. Historically, Austria is a collection of feudal states united by a single ruling house rather than by national feeling. The Austrian soldier fought for homeland and



Ewing Galloway

IN THE HEART OF VIENNA: ST. STEPHAN'S FROM THE GRABEN

Ewing Galloway

SALZBURG: THE FESTUNG AND A FEW OF THE MANY CHURCHES

Kaiser—but the homeland was only a fraction of Austria. A Tyrolean is proverbially a Tyrolean first and an Austrian afterwards; a Carinthian has his own treasured folksongs, his own ways of living, his own moral code; Salzburg looks west to Bavaria almost as familiarly as she looks east to Vienna. So long as the imperial government kept a tight rein on a highly centralized administration, these local differences had little opportunity to affect public institutions; but when the republic was set up, and the unifying prestige of the crown had disappeared, there was a vigorous separatist tendency. The balance of power between the *Bund*—the federal government, and the *Land*—the province, is not yet finally fixed, though control is swinging slowly back to the central authority. One finds, therefore, considerable differences in the local organization of health and welfare services; the exchange of information and methods between provincial centers was almost unknown until it was stimulated by American leadership; and the establishment of common standards comes about slowly.

III

While public health and preventive medicine are more sharply divided in Austria than in the more enlightened parts of the United States, the distribution of public health responsibility has a bearing on the development of child health services. Austria has a national health department—a section in the ministry of public welfare—which derives its authority chiefly from a very complete and surprisingly modern sanitary law of 1870. The control of communicable diseases, the regulation of water supplies and excreta disposal, the abatement of nuisances, the inspection of food, and the sanitary control of buildings are governed by this law. While its provisions are applicable to all parts of the country, its enforcement is entrusted to officials who are not themselves responsible to the national department of health.

Each of the nine provinces has a provincial health officer, appointed by the president of the republic. He, in turn, usually with the help of one or more assistants who act as travelling inspectors, supervises the work of the district physicians (*Bezirksärzte*) who

may be either full-time or part-time officials, but who must be graduate physicians who have passed a special examination in sanitation, epidemiology, chemistry, pharmacology, forensic medicine, and the content of the sanitary law. These district physicians, appointed by the provincial administration, have charge in their respective districts of vital statistics, control of communicable diseases, and all other statutory public health functions, including the formal supervision of the ubiquitous midwives. The *Bezirk* usually contains from 40,000 to 70,000 people and thus corresponds roughly to an American county. But there is still a fourth link in the chain, particularly interesting from an American point of view because of its contribution to the troublesome problem of rural medical service. In every community, which may be a town or a group of small villages with their surrounding open country, there must be a community physician (*Gemeindearzt* if he serves a single political unit, *Sprengelarzt* if he serves a group of them). This man, who may be the only doctor in the neighborhood, or is likely to be the youngest and most progressive if there are several, is a private practitioner subsidized by the community. He not only carries immediate responsibility for public health functions like the prompt discovery and isolation of communicable diseases, and the making of autopsies, but he must give free treatment to the poor of the neighborhood.

The practical effect of these arrangements is that the sanitary code is very generally and uniformly observed and that communicable diseases are held in check with great success[1]. But more than this, the subsidy from the community (together with fees from the sickness-insurance companies described below) makes it possible for doctors to begin work in places where private practice alone would not support them. There is thus a network of medical service all over Austria, and except for a very few remote hamlets in the mountains, to which a physician cannot penetrate during the winter, every village is ordinarily within reach of a doctor. This distribution has been deliberately fostered by the national govern-

[1] In the four years 1924–1927 (beginning five years after the war), the average death-rate per 100,000 population from diphtheria was 4.9; from scarlet fever, 1.4; from typhoid fever, 3.6.

ment ever since the seventeenth century, when physicians were posted in the smaller places to guard against a return of the plague. At first it was necessary to assign students to outlying districts where good men did not care to practice, but recent events—particularly the return of many Austrian physicians from other parts of the empire after the war—have tended to create an oversupply, and competition has forced into the smaller communities better men than they could normally support. When preventive health services are organized, therefore, reasonably competent physicians are available almost everywhere.

The system of health insurance, now firmly established throughout Austria, is another important factor in the situation. The first sickness-insurance societies (*Krankenkassen*) were founded in the eighties, following German precedents. They were recognized as a means of providing medical care and medication for the poorest section of the population—unskilled laborers and domestic servants, who would in any case have little money to pay for private attention—and so met with no opposition from the doctors or the apothecaries. The organizations grew slowly during their first decades and were gradually enlarged during the war. After the war, however, the nation-wide poverty created a situation in which ordinary private medical practice became impossible, and the *Krankenkassen* suddenly expanded till they included the greater part of the population. Membership in a *Krankenkasse* became obligatory for all government employees (which in Austria includes transport and public utility workers), for all wage-earning employees in private industrial and commercial concerns, for domestic servants, and for agricultural laborers. The companies are privately organized and administered, but the federal government closely controls their finances and regulates their responsibilities. The law prescribes the premiums—a fixed percentage of the wage—to be paid by employer and employee.

At first the insured person was required to accept the services of a salaried physician on the *Krankenkasse* staff, but both doctor and patients objected to this restriction, and while methods still vary it is now more usual for the patient to exercise some freedom of

choice. Some of the *Krankenkassen* limit their benefits to the insured worker, but most of them provide treatment in case of illness for all members of the family, with hospital care in certain specified cases, and all give a fixed minimum of prenatal, delivery and postpartum care at childbirth and premiums for nursing mothers.

Opinion as to the value of the system varies greatly, and is likely to be affected by the politics of the observer. The obligatory membership is felt to be a burden by many middle-class workers, and the fees paid by the *Krankenkassen*, it is said, are rarely sufficient to command first-class medical service. Physicians do not participate in control, but politicians do, presumably with the usual results. On the other hand the maternity and emergency care which is thus provided is undoubtedly better than the rank and file of workers could purchase for themselves. The tendency of some of the *Krankenkassen* to invest their income in hospitals and institutions rather than in the purchase of better medical service in the open market is criticised, and most doctors, while accepting the principle of sickness insurance as a permanent element in their practice, believe that changes in method are urgently needed. Officials who are sympathetic with the principle and practice of sickness insurance agree that the compulsory membership feature is now too widely applied, and hope that a readjustment of membership requirements, with a gradual increase in *Krankenkassen* revenues as prosperity returns and wages rise, will remove the present deficiencies. Clearly an evaluation of social insurance has no place in the present report, but it is necessary to recognize the fact that the *Krankenkassen* and the community physicians, between them, create a situation quite different from that which faces the American health worker. The sick adult, or the child who needs a defect corrected, is almost automatically given an opportunity to secure some medical care. Much time and energy which in the United States are used up by the nurse's efforts to arrange for free treatment, or to persuade a small wage-earner that it is worth while to pay the cost of a tonsillectomy for his youngster, are in Austria left free for other activities. Moreover the *Krankenkassen* are

potentially, and to some extent actually, a most important source of support for preventive health services.

IV

THE foundations of health work for mothers and children in Austria were laid many years ago in the development of Vienna as a center for medical education and particularly for pediatric instruction and research; pediatrics as a specialty had its origin in Austria. The medical school of the University of Vienna dates from 1385; an imperial edict early in the nineteenth century required that every death in a public hospital should be followed by a post-mortem examination, so that an unmatched supply of clinical material has been accumulated. It is true, perhaps, that the trend of medicine in Austria has been to emphasize diagnosis, instruction, and research even at some sacrifice of the homelier values which lie in treatment. Preventive medicine, also, has been slow to influence practice and has had no important part in the medical curriculum; the younger men in practice, however, have begun to interest themselves in its possibilities, and new regulations now being worked out for the medical schools lay more stress on this subject.

The rise of special activities for the health of mothers and children is a matter of the last quarter-century. In 1903, when child health activities in France had already proved their worth, the Viennese pediatrician Dr. Theodor Escherich broached the subject of infant care to his philanthropic friends, and in the following year, with private funds, he opened a child health station in a small building erected for this purpose on the grounds of his children's hospital. Infant mortality in Vienna was then very high—approximately 200 per thousand live births—and Dr. Escherich and his associate, Dr. Robert Dehne, who took charge of the station, hoped to reduce it, particularly by increasing the practice of breast-feeding among the poor, where it was most likely to be neglected. While breast-feeding by aristocratic and middle-class mothers was also uncommon, those who could afford the cost usually employed wet nurses. To encourage poor mothers who could nurse their babies to do so, and to come to the station for

advice, small premiums in the form of food-orders were offered, and pure milk was distributed to those who could not breast-feed their children. Untrained assistants made home visits to verify the mothers' claims and so to control the distribution of premiums. After two years this station was subsidized by the city of Vienna on the understanding that only children certified by the poor-law authorities would be admitted. Dr. Escherich's organization was able in the next few years to open more stations; other agencies followed suit; at the outbreak of the war in 1914 Vienna had five private stations and there were somewhat similar milk-depots in other Austrian cities. Statistical improvement was shown in Vienna in the extent and duration of breast-feeding, and the infants under care (all under one year of age) showed a favorable mortality rate in comparison with the city as a whole. The first of the three major sources of the present child health program, therefore, was the effort of physicians to educate poor mothers through child health stations, without nursing or social work personnel, but with a specific health purpose.

A second main stream of development took its rise from the social problem presented by illegitimate children, orphans, and children otherwise dependent or neglected. The interests of orphans in families of property were safeguarded by the Private Right Act of 1811, which established the machinery of guardianship, but poor children were left to the care of charitable organizations, orphans being usually placed in asylums where they were trained for the trades or for domestic service. But as Austria, in common with other European nations, became increasingly sensitive to social problems toward the end of the century, the deficiencies of this arrangement became apparent. The illegitimacy rate was high and the mortality among infants in institutions was appalling. By an easy transition, therefore, the principle of guardianship was extended to children who were dependent and without resources, and public guardians, usually lawyers, were appointed to take them under protection. The theory was that the dependent child, being deprived of the care which a father should normally give, must look to the state for its equivalent.

But in accordance with old Teutonic precedents, which differ sharply from the Napoleonic code which has shaped French work of a similar sort, an effort was always made to establish the paternity of the illegitimate child and to make the father contribute to its support.

This movement had barely begun before the war. The first city child care bureau (*Jugendamt*) appeared in Mahrisch-Ostrau, Moravia, in 1909, and a somewhat more influential piece of work was begun the following year in Brünn, which also is now in Czechoslovakia. Vienna opened a public guardianship office in one of the industrial wards in 1911. Early in their history the *Jugendämter* found it useful to open stations to which mothers could come either for consultation with respect to their legal rights, maintenance payments, and the like, or for aid in keeping their children healthy—since the child's health was recognized as an essential factor in his welfare. Physicians were employed on part-time to attend these stations, and in some places it was recognized from the beginning that such consultations were so valuable that mothers of children not wards of the state should also be allowed to attend them. In 1914 there were two stations of this sort in Vienna and several in the provinces. Two types of child health stations were therefore in existence before the war—those established by physicians and privately supported to promote the health of infants in poor families, and those established by the child welfare authorities to facilitate the general oversight of dependent children.

Both sorts of stations made some use of untrained helpers, but the idea of systematic home visiting by a worker attached to the station and linking the *Jugendamt* or the physician with the home was at first no part of the plan. While these stations were growing up, however, a quite independent movement was creating a new type of professional worker who, a little later, stepped naturally into her place beside the welfare officer and the doctor. Some years before the war Fräulein Ilse Arlt, a pioneer social worker who had been one of the first women students at the University of Vienna, came to the conclusion that the poor-laws on the one hand and the casual service of volunteer relief workers on the other were inadequate to

make any real contribution toward raising the standard of living among the poor and ignorant. She planned therefore to train home visitors who would be worth a salary and who could cope with the entire problem of poverty. In 1912 she opened a school which offered a two-year course in what she called *Volkspflege*—literally, folk-care. While the social theory on which the course was based was perhaps over-refined, its essential principle was simple—since human welfare depends on the satisfaction of a number of interlocking wants, welfare work must be a unit and the worker must be equipped to help the family at any point where help is ordinarily needed. This ambitious program was entrusted to girls with no more than grammar-school or at most high-school education, who spent their two years of preparation in the study of household economy, cooking, sewing, baby-care, care of the sick, general hygiene, the legal rights of dependents, and the theory of political economy, with some attention to folk-lore, recreation, and the educational needs of the adult! Naturally, in spite of practical training in children's institutions and welfare bureaus, the students' technique in any of these fields left something to be desired. But the concept of social-health work as an indivisible whole, and the habit of approaching the family as a unit, have had a marked effect on later developments, and the new vocation which Fräulein Arlt created became the third major source of the present system of child welfare activities. But since the first graduates faced the world just one month before the war began, the contribution which they were to make to health work was for the moment subordinated to emergency service.

V

It was the stress and strain of the war and post-war reconstruction that forged these experimental projects into a coherent system. The immediate effect of the war was to accelerate the progress of child-care agencies and to emphasize their relief aspects. In Vienna the public guardians' stations were either discontinued or turned into Red Cross depots, but a new group of child health stations was organized by Dr. Leopold Moll for the benefit par-

ticularly of soldiers' orphans and other children impoverished by the war. In the provinces the formation of *Jugendämter* was greatly stimulated by the rapid increase in the number of illegitimate and dependent children. City *Jugendämter* were set up in Linz, Graz, and Innsbruck during the war, and in 1915 the province of Lower Austria began a system of public guardianship which spread rapidly and still remains the most extensive provincial service in the country; within five years from the organization of this provincial *Jugendamt* in 1917 no less than 326 child health stations had been opened in Lower Austria. In Tyrol and Upper Austria health "commissions" opened child health stations. In the city of Vienna a new training course for child health workers was begun by Dr. Moll in 1915; in the next year the city organized a *Jugendamt* to coordinate the work of the public guardians and a year later the city also established a training school to help meet the mounting demand for home visitors.

These developments were still further accelerated by the unhappy years that followed the armistice, when hunger and want were found everywhere, and the charitable agencies, their endowments wiped out and their patrons themselves reduced to poverty, could do nothing to cope with the growing distress. In 1919 the rights of foster children were established by a national law. Provincial *Jugendämter* were now set up almost everywhere in Austria, but even public funds were wholly inadequate to meet the emergency and the nation accepted gratefully the foreign relief which was quickly offered. The first help from outside came with the Friends, who were at work in Austria in 1919, and who cooperated with a newly formed council of child-care agencies in Vienna. Food packages and layettes were distributed through the child health stations, and routine medical examinations, of a cursory type, were given to all the recipients. To aid in the proper use of the food packages, and to prevent their diversion from the children who most needed them, increasing use was made of home visitors. In 1920 the American Relief Administration began its extensive child-feeding program, and also contributed to the growing prestige of medical examinations by requiring an inspection of all children

AUSTRIA

Area . . . . . 32,396 square miles
Population, 1927 6,536,892

PROVINCES

	Area (square miles)	*Population*	*Child Health Stations* [1]
Burgenland	1,552	286,925	6 (3)
Carinthia	3,688	370,748	9 (7)
Lower Austria	7,451	1,480,452	279 (10)
Salzburg	2,762	223,023	8 (8)
Styria	6,323	978,845	55 (20)
Tyrol	4,882	314,836	19 (9)
Upper Austria	4,626	875,918	44 (13)
Vienna	107	1,866,147	76 (15)
Vorarlberg	1,005	139,999	12 (4)
			508 (89)

VITAL STATISTICS

	1924	*1925*	*1926*	*1927*
BIRTHRATE (*per 1000 population*)	22.2	21.5	20.2	18.7
PERCENTAGE OF ILLEGITIMATE BIRTHS	21.6	22.3	23.7	25.2
GENERAL DEATH RATE (*per 1000 population*)	14.9	14.5	15.0	15.0
INFANT DEATH RATE (*per 1000 live births*)	124	113	119	121
INFANT DEATH RATE, UNDER ONE MONTH (*per 1000 live births*)	57	52	50	51
MATERNAL DEATH RATE (*per 1000 live births*)	1.7	2.1	1.6	2.0
TUBERCULOSIS DEATH RATE (*per 100,000 population*)	186	173	178	169

[1] In parentheses, the number of child health stations subsidized by the federal government in the "hundred stations" group (see page 22).

who received food. In this year the American Red Cross also entered the field, at first merely subsidizing the work of the Friends. In 1921, however, the Red Cross joined hands with the united child health organizations to inaugurate a nation-wide child health program.

Under the leadership of Dr. Robert Dehne, who had been busy with the child health stations since the opening of the original center in Vienna, all the existing centers throughout the country were surveyed with a view to the selection of approximately one hundred to be equipped and staffed by the Red Cross as a demonstration of preventive child health work. In provinces where there were no existing agencies new stations were set up. Standard equipment was furnished as needed to forty-one stations in Vienna and sixty in the provinces, and the stations were uniformly staffed with a doctor, a home visitor, and a helper. The home visitors, after a German precedent, were now generally called *Fürsorgerinnen.* Trained workers—graduates of the several *Fürsorgerin* schools—were employed wherever possible, but the demand far exceeded the supply, and many untrained workers had to be drawn into service. A supervising physician and a supervising *Fürsorgerin* were employed in each province, and short training courses for both doctors and home visitors were begun.

It was the policy of the Red Cross, naturally, to regard the child health stations as centers of health supervision and health education for babies and young children generally—not merely for the indigent and the wards of the state; and while the clientele of the existing stations had automatically increased by leaps and bounds as poverty and dependency spread through all classes, this change in policy was an important contribution to the development of their work. In provinces where no stations had previously existed, the educational aspect was dominant from the beginning. However, the general preoccupation with relief, the lack of public health training in the station staffs, and the close connection of the *Fürsorgerinnen* with the legal authorities of the *Jugendämter* tended to delay the general understanding and acceptance of this new theory of child health station service. Moreover, the Red Cross, with-

drawing from the project in less than a year, had no time to carry through so important a change.

By 1922, then, the principal parts of the child health apparatus had been assembled and, with foreign help, were functioning. The health stations for poor infants, the welfare stations for public wards, and the new professional home visitors had come into some sort of working partnership. But this step had been taken with the direct financial support of the American Red Cross, and when that organization ended its active work in Europe the situation became critical. The Red Cross left a subsidy of $10,000 to operate the hundred stations for one year, called together an executive committee of Austrians to take charge of them, and aided in the formation of a financial plan which provided that their support should subsequently be shared in equal parts by the national government, the provinces, and the local communities. Local and provincial funds were forthcoming without much difficulty, but the national government, still under pressure to reduce its expenditures, could not assume its third part of the budget, and the entire plan was in jeopardy. It was at this point that the Commonwealth Fund came into contact with the child health program and rescued it from threatened collapse.

Chapter Two: THE PROGRAM

THE Commonwealth Fund had begun to help Austria in 1920, by making an appropriation to the American Relief Administration for the purchase of food for university professors, students, and impoverished members of the middle classes generally. This group was especially distressed by the collapse of the currency, which wiped out invested capital and depreciated salaries to the starvation level. In 1923, when the American Relief Administration wound up its activities in Austria, the Fund, after a first-hand survey, decided to continue middle-class food relief one year more. Six professors' messes, thirteen students' *mensas*, and 65 middle-class kitchens, administered by an Austrian organization called the Amerikanische-Oesterreichische Mittelstandshilfe, fed an average of 8,862 persons during the year 1923–1924. A sixth of all the university students in Austria were thus helped to continue their education. All three types of feeding-stations made a nominal charge, and the professors' messes were eventually taken over by their patrons as cooperative organizations. Food packages of standard content were also provided for distribution by the Mittelstandshilfe to invalids, cripples, and needy persons living at a great distance from the kitchens. With the exception of the students' *mensas*, which were aided through the winter of 1924–1925, the Commonwealth Fund ceased to finance these activities in the middle of 1924, leaving behind, however, sufficient surpluses in food and cash so that the work could be continued independently for some months longer.

While the Fund's child health program had no direct connection with this relief project, attention was necessarily drawn to the pitiable condition of Austrian children, weakened by the hardships

of the war and post-war years, and greatly in need of the health services which Austrian organizations were attempting to give them, but which were, in 1923, in danger of extinction. Thus the Fund became interested in the possibilities of a practical health program in Austria. The Austrian physicians and government officials who were consulted welcomed this idea, and pointed out that the most pressing need was to keep at work the hundred health stations reorganized or established by the Red Cross.

The Commonwealth Fund therefore undertook, beginning in 1923, to make up the difference between the federal government's quota—one-third of the station budget—and what the government could actually pay, which in the first year of operation was only about one-thirtieth. The Fund also paid the cost of central administration and supervision. While the federal contributions steadily increased until no further help from the Fund was necessary,[1] the influence of the American workers in the operation of the stations and in the methods employed continued throughout the Fund's service in Austria, and the child health station program was from the beginning the cornerstone of the work.

As a second step, a study of existing facilities for health service in all the more important Austrian cities was made, after which, with the help of an Austro-American committee, Graz and Salzburg were selected as centers for intensive child health demonstrations, with the proviso that supplementary activities would be carried on elsewhere as might seem feasible. Graz, a manufacturing city of 150,000, capital of the province of Styria, is the second largest city in Austria, and as the seat of one of Austria's three universities is an important center of medical education. Salzburg, on the

[1] The share of the federal government and of the Commonwealth Fund in the budget of this group of stations is shown below:

Fiscal Year	*Contributed by National Government*	*Contributed by Commonwealth Fund*
1923–1924	$ 4,814	$22,300
1924–1925	10,824	18,152
1925–1926	14,285	18,404
1926–1927	17,800	17,615
1927–1928	25,000	11,602
1928–1929	32,142	4,943
Totals	$104,865	$93,016

Bavarian border, is more generally known as a tourist and art center. Its population is 37,000; it owes its long history, dating back to the Roman occupation, to the salt mines which gave the city its name and to the natural stronghold which made it almost impregnable. In both cities it was the plan to develop a fairly complete set of child health activities, building on existing foundations, in the hope of influencing the organization and practice of health work in other Austrian communities. The details of these projects and their subsequent history will be traced in Chapters III and VI.

A third major element in the Fund's Austrian program was supplementary training for Austrian health workers—doctors, nurses, *Fürsorgerinnen*, teachers, child welfare officials, and midwives. Always with the further development of public health in view, these workers were given scholarships for special study and observation in varied fashion according to individual need. In this way it was possible to influence to a marked degree the development of the relatively new vocation of the *Fürsorgerinnen*, and to stimulate interest in preventive medicine and health supervision throughout the medical profession.

And finally, a fourth type of aid was extended, beginning even before the relief program was ended. This was the granting of money for specified improvements in Austrian institutions—hospitals, children's homes, schools, tuberculosis clinics, and the like. At first these gifts were made unconditionally and were really relief projects; later, as will appear, money was given only in such a way as to stimulate local appropriations and the improvement of working methods.

During the year 1923–1924, when the Fund was completing its relief project, expenditures of $98,000 were made to aid the Austrian child health stations, to prepare for the child health program, and in special grants. During the years 1924–1929 appropriations amounting to $663,426 were made for the health program. When this work was wound up on June 30, 1929, the Fund left the sum of $15,000 to continue for one year the training of Austrian health workers.

It is hard to present this undertaking in general terms because the wide diversity in the needs, desires, and capacities of the nine different provinces made it inevitable that there should be, in a sense, nine different programs instead of one. Indeed an attempt to apply a ready-cut pattern to the Joseph's coat of Austrian health work would have been fatal to the whole enterprise. The pages which follow, therefore, will review the Fund's work from two points of view—first in terms of the major projects which were more or less national in scope, and then in terms of the local development of health work in the several provinces.

II

The term "child health station" is American and not Austrian. The Austrian name for these centers is *Mutterberatungsstellen*—places where mothers are advised. The range and nature of the advice which is given, naturally, vary with the particular affiliations of the station and of its personnel. There is a small railroad town in Salzburg province, for example, where a burly physician happens to combine in his own person the functions of child health station doctor, school doctor, community doctor (with public health functions and the duty of caring for the indigent), and official physician to the *Krankenkasse* of railroad employees. When the child health station—located in a corner of the almshouse in the center of the town—is open he may be seen dealing swiftly with a crowd of mothers who come in with their children and without them to consult him on a great variety of problems. Here is a young mother with a baby who has been under health station supervision since birth; the doctor notes the child's weight, which is recorded by the *Fürsorgerin* in a small book which the mother brings, looks the baby over, and dismisses the mother with a reassuring word as to its progress, jotting down in the weight-book the date at which he wishes to see the baby again. Here is a peasant grandmother, wrinkled leathery face, sharp brown eyes, shawl over head, who comes in to complain that a foster child left in her care by its unmarried mother is not adequately supported and that she is therefore unable to take proper care of it; the doctor refers the matter

THE CHILD HEALTH STATION IN GMUNDEN, UPPER AUSTRIA, SHARES THIS BUILDING WITH AN APOTHECARY'S SHOP FOUNDED IN 1533

A CHILD HEALTH STATION IN VIENNA: ONE OF TEN AIDED BY THE FEDERAL GOVERNMENT AND THE COMMONWEALTH FUND

to the *Fürsorgerin* for investigation and dismisses the woman with a vigorous reminder to continue feeding the child as he has taught her to do. Here is a mechanic's wife who comes in to ask about her boy in school: the doctor has noted, in the school examination, an adenoid defect which needs to be treated, but she is reluctant to take his advice. The doctor points out how the boy's condition hinders his progress, and reminds the mother that she can come to him, as *Krankenkasse* physician, and get treatment for the child without further cost. So it goes. The health center is a cross-section of nearly all the health services in the town. The doctor, the red-cheeked midwife who assists in dressing and undressing the babies, the helper, and the smiling *Fürsorgerin*—not too busy to chat a moment with these neighbors of hers as they go in and out—have amongst them an encyclopedic knowledge of the health assets and liabilities of the whole community, and it is small wonder that in this particular village infant mortality is almost nil.

Naturally this catholicity of service is not duplicated everywhere. The nearer one gets to the cities, the more specialized the work of the health centers becomes; a pediatrician takes the place of the general practitioner; the midwife is not so often found in the station; and conditions more nearly approximate the familiar picture of a child health station in the United States. The differences which strike the American visitor are not fundamental. Paper is so costly that the fresh sheet which the *Fürsorgerin* slips into place on the examination table, under each new baby, must be saved and sterilized with a hot iron and used over and over again. The professional manner of the doctor may seem brusque as compared with the leisurely approach of a public health physician in the United States, but his interest is genuine and the mothers get what they come for and go away satisfied. Stations are found in all sorts of public and semi-public buildings—hospitals, municipal tenements (which are apt to be delightfully modern in style and decoration), town-halls, store buildings, even occasionally in a jail! In the old and picturesque town of Gmunden, in Upper Austria, the station is up a dark stairway in a five-hundred-year-old building in which there has been an apothecary ever since 1533.

With a few exceptions, the Fund has not had to concern itself with station equipment, which was generously supplied by the American Red Cross. The real problem has been one of organization and technique. The health stations had grown up in many ways. Some had been from the start under medical supervision and had never wavered from their health purpose. Some had been established by health agencies and, coming later under the authority of the lawyers of the *Jugendamt*, had watered down their health service and emphasized legal care. Some, founded by the *Jugendamt*, were newly branching out into general health service for all sorts and conditions of children. But they were all pieces of machinery hastily assembled and not yet geared up to maximum usefulness. However good the clinical training of the doctor, he had rarely caught the public health point of view which was essential to the successful use of the stations as centers of health education; the *Fürsorgerinnen* were not often well-trained and many were very new at their jobs; doctors and *Fürsorgerinnen* had not learned how best to work together. The stations often showed bad housekeeping, carelessness in sanitary details, and clumsy organization.

Attacking the problem of training directly through its scholarship program, which will be described in a later section, the Fund also set to work to better the methods of the health centers. For this purpose it concentrated on the hundred stations[1] which, in cooperation with the federal government, it was helping to support, hoping that they would serve as a demonstration group and so tone up general practice in all the centers. Naturally the American staff could not well interfere directly in the operation of an individual station; its contacts with local workers, though they accomplished much, were informal and personal rather than official, and its major influence was exercised through the regular supervisory machinery.

The Red Cross had left its interest in the stations to an Austrian executive committee, which had a general director on part-time, a

[1] This term will be used as a convenient means of identifying this group of model stations. The actual number varied: it was 89 when the Fund withdrew from Austria.

full-time medical supervisor, and a supervising *Fürsorgerin*. In each province there was a provincial supervisor of station physicians and an *Oberfürsorgerin*. Between the medical and the *Fürsorgerin* supervisors there was little or no contact; the provincial supervisors made only formal statistical reports; there was no machinery for frequent conference between field workers. In Vienna the establishment of regular joint meetings between the executive committee staff and the American workers led to a close mutual understanding. In the field, through taking an active though informal share in the work of supervision, the Fund helped to spread technical information. Regular conferences several times a year were arranged for the provincial medical supervisors, the *Oberfürsorgerinnen*, and all the *Fürsorgerinnen* of each province separately. These conferences brought workers together—at first entirely at the expense of the Fund—in a way which tended to break down provincial isolation and to build up a sense of professional solidarity.

By such innovations a marked improvement was brought about. Sanitary precautions were more generally observed—though the refinement of technique which is expected in the United States has never been approximated and, judging by the absence of cross-infection, is not necessary in Austria. Mothers and babies were routed more smoothly through the station. The physician came to see in the *Fürsorgerin* a colleague who could help him materially by bringing information about home conditions and by carrying his advice back into the home. The *Fürsorgerin* was stimulated to use her imagination in discovering new opportunities for teaching both in the home and at the center; for example, she began to discourage the very general habit of wrapping babies tightly in swaddling clothes. The station staff began to function more effectively as a unit for health service.

The provincial supervisors, who had been first appointed by the Red Cross and were therefore without official authority, were gradually attached to the provincial *Jugendämter* or to the health departments. Such official status strengthened their position and also brought them into supervisory relations with the child health

CHILD HEALTH STATIONS

Only the stations aided by the federal government are represented in this tabulation

	1926	1927	1928
NUMBER OF STATIONS AND PERSONNEL			
Stations, total	104	89	89
Vienna	*30*	*15*	*15*
Other provinces	*74*	*74*	*74*
Physicians	107	98	98
Fürsorgerinnen	130	137	134
Helpers	67	52	50
ENROLLMENT			
Vienna, total	20,759	8,492	7,461
Infants	*9,787*	*3,363*	*4,038*
Preschool children	*10,972*	*5,129*	*3,423*
Other provinces, total	33,384	31,286	32,990
Infants	*18,629*	*14,897*	*17,543*
Preschool children	*14,755*	*16,389*	*15,447*
ATTENDANCE			
Vienna, total	108,551	37,741	38,606
Infants	*85,254*	*25,786*	*24,563*
Preschool children	*23,297*	*11,955*	*14,043*
Other provinces, total	104,639	100,847	101,135
Infants	*73,129*	*70,917*	*69,985*
Preschool children	*31,510*	*29,930*	*31,150*
MEDICAL FINDINGS			
Number of children whose state of health was known[1]	14,318	16,546	17,414
Per cent found without defects[2]	*36.5*	*44.0*	*46.3*
Per cent found in need of treatment	*63.5*	*56.0*	*53.7*

[1] To avoid duplication in recording defects, the child's "state of health" is noted only once a year, at the time of his birthday. If he does not attend the station within approximately 12 weeks of his birthday no such record is taken.

[2] On the incidence of defects, see note on page 62.

stations outside the federal group, so that rising standards of operation tended to become general. By 1927 it was possible to publish a manual of child health station procedure which, distributed under authority of the federal department of health, still further stimulated uniformity of practice.

CHILD HEALTH STATIONS

Only the stations aided by the federal government are represented in this tabulation

	1926	1927	1928
TREATMENT REPORTED			
Per cent of defects reported as treated	80.2	83.2	85.9
RESULTS OF REPORTED TREATMENT			
Number of defects reported as treated	9,411	10,927	11,731
Per cent reported cured[1]	*60.0*	*65.3*	*67.4*
Per cent reported improved	*26.7*	*23.6*	*23.5*
Per cent reported unchanged	*6.7*	*4.7*	*4.4*
Per cent for which results are unknown	*6.6*	*6.4*	*4.7*
HOME VISITS BY FÜRSORGERINNEN TO INFANTS AND PRESCHOOL CHILDREN[2]			
Vienna			
Total visits	25,603	16,431	17,836
Children seen	27,119	18,451	19,175
Other provinces			
Total visits	160,003	155,508	155,773
Children seen	186,437	196,706	204,174

[1] These percentages are based on the physician's findings at the time of re-examining the child.

[2] In Vienna the *Fürsorgerinnen* whose visits are here reported are attached to the child health stations exclusively and visit only children enrolled at the stations. In the other provinces the *Fürsorgerinnen* visit children for a variety of reasons; in 1926, 58.7 per cent of the children seen in the visits reported above were enrolled at the health stations; in 1927, 51.5 per cent; in 1928, 49.9 per cent.

This steady progress in efficiency among the rank and file of public health workers came about in spite of the fact that they were, and have remained, a poorly paid group. The physicians were of course only part-time workers in the stations, and had several sources of income. The *Fürsorgerinnen*, however, were

full-time employees of the *Jugendämter*, of the health departments, or of other agencies, and had no income except their salaries and such help as their families could give them. When the Fund began its cooperation with the stations the prevailing salary of a *Fürsorgerin* was about $15 a month, out of which *Krankenkasse* dues were automatically taken. Even in Austria this was by no means a living wage. With help from the Fund, and under the pressure of necessity, this salary was slowly increased until it stood at approximately $25 to $35 a month, depending on length of service. Further increases, because of civil service regulations, would involve large groups of other workers—school-teachers, for example, who rank with the *Fürsorgerinnen*—and have thus far been impossible. The energy and devotion of these women in such straitened circumstances is one of the most striking features of public health work in Austria.

In the summer of 1927 steps were taken to form a holding committee in which the interests of the federal government and the provinces should be pooled for permanent operation of the "hundred stations." The problem was a peculiar one: most of the support of these stations came from the province—in the form of salaries, and from the local community—in the form of rent, light, heat, and maintenance. The government could not assume full control without running the risk of offending local sensibilities, even had it been legally possible to do so. Consequently this holding committee was formed by joining representatives of the federal department of health with two representatives from each province—a health official and a social work official.[1] The Commonwealth Fund also participated so long as it was in Austria. The committee retained as part-time executive the private physician who had guided the destinies of the child health stations from the first, together with an under-official of the national health department as general supervisor and two supervising *Fürsorgerinnen*. The stations are thus left in the hands of a representative group, unofficial in its origin but definitely legalized by federal edict, which

[1] The membership of this committee, known as the Arbeitsgemeinschaft zur Bekämpfung der Kindersterblichkeit, is recorded on page 130.

has a competent supervisory staff to insure the maintenance and development of standards. The combined budget provides for the continuance of the conferences of field workers and for nation-wide publicity and education. The child health stations in Austria have evidently come to stay, and the outlook for their immediate future is an encouraging one.

COMMONWEALTH FUND
CHILD HEALTH STATIONS COMMITTEE

WILLIAM J. FRENCH, M.D., *Chairman*
ROBERT DEHNE, M.D.
HANS LEONHARTSBERGER, M.D.
HORTENSE HILBERT, R. N.
MARIANNE DANKO
LONNA FELLNER

III

While the *Mutterberatungsstellen* thus spread over Austria a network of service for children old enough to be brought to the doctor for examination, the high death rate of infants in their first weeks of life indicated that effective supervision of child health must begin at an earlier stage. Before the war prenatal health service was practically unknown. Outside the sharply limited private practice of obstetricians, and the fumbling attentions of the midwives, the only opportunity which pregnant women had to secure prenatal examinations was at the teaching clinics of the medical schools and the out-patient departments of the hospitals. Here the advice they received was usually confined to a prognosis as to the date of delivery. During the war, in some places, and in the work of the Friends during the hungry years after the war, efforts were made to register pregnant women so that they might be especially provided for in food distribution. That was all.

About 1922, however, six centers for prenatal examination and hygienic instruction were opened in Vienna in connection with the group of child health stations which had been privately organized and were receiving Red Cross help. Each was staffed with a doctor, *Fürsorgerin*, and midwife. A similar station was opened in Graz in connection with the demonstration in 1924, and the

Fund helped to establish another clinic in cooperation with the provincial hospital and city health department in Klagenfurt in 1926. The principal stimulus to such service came later, however, when the Fund made a systematic survey of the country and offered to equip prenatal stations, usually in connection with the *Mutterberatungsstellen*, at points where the community was sufficiently interested to guarantee their maintenance. On this basis 28 stations were opened in the provinces in 1927, 1928, and 1929, and in Vienna four new centers, located at hospitals but administered in connection with the child health stations, were established with varying degrees of help from the Fund.

Naturally Austrian women, accustomed to turn to the midwife late in pregnancy, were slow to understand the advantages of coming early to a doctor for examination. Indeed the idea that a woman carrying a child had any need of "maternal hygiene" was a strange one to peasant mothers who worked in the fields, bore their children, and went back to the fields unquestioningly as their mothers and their mothers' mothers had done before them. Nor were the midwives friendly to this innovation in a sphere of operation which, from time immemorial, had belonged exclusively to them. The stations got under way slowly. Sometimes no mothers came at all for the first few months. Sometimes mothers came to satisfy their curiosity and then, finding nothing that seemed to promise immediate benefit, drifted away again. Gradually, however, the persistent teaching of the *Fürsorgerinnen* and the growing interest of the doctors in the educational aspects of the consultations began to bear fruit. The project is still too young to yield significant statistical data, but attendance is now definitely increasing. The value of the service has become apparent to the federal department of health, which will concern itself in future with its extension.

To bring the midwives and the *Fürsorgerinnen* into working relations was a knotty problem. The midwives feared that the *Fürsorgerinnen*, the superior group socially and professionally, would influence mothers to go into the hospitals for delivery and so undermine their own practice. Yet clearly the *Fürsorgerin* and

not the midwife must be entrusted with the task of home visiting to pregnant women, since the whole tendency of Austrian health work is to center in her the responsibility for home contacts with the family, and however slight her training she is the better health teacher of the two. But it was necessary to interest the midwife also as a means of interesting the midwife's neighbors. For the most part the development of such friendly relations was left to the tact of the individual *Fürsorgerin*, who made a practice of inviting midwives to bring their own patients to the station. A systematic effort has been made at the schools where new midwives are being trained to give the students enough understanding of the *Fürsorgerin's* function and enough acquaintance with her methods to bring about better team-work in the future. This point is more fully discussed in the later section on midwife training.[1]

Aside from this diplomatic question there has been little in the work of the Austrian prenatal stations to distinguish them from similar agencies elsewhere. Blood-pressure readings are more infrequent, blood tests more frequent, than in American practice. Much anti-luetic work is made possible by the fact that the mothers accept Wassermann tests and subsequent treatment more freely than in America. Emphasis falls on the task of linking the prenatal station with the whole health program. Wherever possible, the head of the obstetrical department of the local hospital, or a member of his staff, is the clinician of the station. The *Fürsorgerin* is a link between the prenatal service and the child health service, for she attends both types of consultation and makes home visits in connection with both. In Klagenfurt the prenatal service has been most effectively integrated with other agencies: the station is in the quarters of the city health department and adjacent to the child health station; the hospital clinician attends the prenatal station; steps are being taken to refer the records of prenatal consultations to the maternity hospital when women go there for delivery; the *Fürsorgerinnen* visit women discharged from the maternity hospital, report their findings back to the hospital, and refer the children to the child health station. Here, where home

[1] See page 37.

visiting is completely generalized, it is possible for a single *Fürsorgerin* to watch over the health of a child from before birth until he reaches school age.

IV

THE FÜRSORGERIN, at her best, is a health teacher in season and out. When mothers come to the prenatal or child health station she chats about homely details of food and home care. When she goes into the home—no matter what her errand—she may and (in proportion to the thoroughness of her training and the strength of her initiative) she does talk about the health of all the children. But some *Fürsorgerinnen* with a native gift for teaching went further: they organized study classes at the stations through which they could present a more complete and orderly picture of good child care to mothers who would take time to listen. In Innsbruck, for example, a *Fürsorgerin* worked up her own course, got an artist to collaborate with her in preparing an attractive set of charts, and developed a very successful series of classes. After several such experiments had shown the plan to be feasible, the Commonwealth Fund sponsored a special conference of *Oberfürsorgerinnen* and picked staff workers which, in 1927, thrashed out all its possibilities and drew up a tentative course for mothers' classes, embodying their recommendations in a handbook. Special scholarships were given to workers qualified to lead in this type of teaching, and by 1929 mothers' courses were under way in every province.

The usual plan was to hold one meeting a week—on Sunday afternoons in the country, or in the evenings in the city—over a period of six or seven weeks several times a year. Sometimes more concentrated courses with several sessions a week were developed, running to a total of eight or ten lectures. In each series the essentials of child care from the prenatal period up to school age were simply presented. Usually the station physician introduced the course and lectured on infectious diseases; most of the teaching was done by the *Fürsorgerin* herself. As one of its last special grants, the Fund provided a number of sets of teaching material—several for each province, to be used by the *Fürsorgerinnen* in rotation—

including layettes, patterns for maternity and children's clothing, cooking utensils, playthings, equipment for the baby's bath, and the like. The *Fürsorgerinnen* were also encouraged to form their own small exhibits for permanent use at the stations. Some of these, on a more pretentious scale, included food models and diet charts as well as the articles just mentioned. The central health station in Innsbruck, for example, became a miniature health museum. The Austrian habit of studying such displays with serious interest makes such teaching material unusually valuable.

V

When the Commonwealth Fund came to Austria doctors and nurses were discouraged by ten years of war and privation. Doctors had seen their private practice shrink almost to the vanishing point, their instruments wear out, their hospitals fall into disrepair. They had no money for books or travel. Their sense of social responsibility was still strong—the Austrian doctor is a whole-hearted worker—but they were starved for new ideas. The *Fürsorgerinnen*, who were creating their precedents as they went along in their new vocation, had yet to find themselves. Putting their native intelligence and their meager technique to work in a gallant effort to solve overwhelming social problems, they were isolated from each other and uncertain of their future. It is not easy to measure the effect on these workers of the opportunity which has been given them to study, to travel, and to meet their fellows.

In nearly every town of any consequence in Austria there is today a doctor or a *Fürsorgerin*, or both, whose work has been stimulated by some such experience. Every doctor at work in one of the "hundred stations," and four out of six of the provincial *Jugendamt* directors, have had scholarships. A total of 191 *Fürsorgerinnen* and twenty nurses have been given special training courses. Every provincial *Oberfürsorgerin* has studied child care and health work outside as well as inside Austria.

The policy of the Fund was to select for these scholarships only workers who were actually engaged, or about to be appointed, in public health, child care, or teaching positions and who were recom-

mended by the appropriate authorities. For many of the more important scholarships the candidates were also sifted out by the American staff. Study courses and travel itineraries were planned carefully with an eye to the special need of each incumbent; stipends were sufficiently liberal so that the student could take full advantage of the experience without anxiety or embarrassment. So many different types of study were financed that it would be tedious to enumerate them in detail; the broad classifications, however, will suggest the range of the enterprise.

The special purpose of the scholarships for physicians was to quicken the public health interest of men who already had good clinical training, by showing them centers of sound preventive medicine. Men in key positions—health officers, hospital superintendents, recognized leaders in some specialty—were sent to spend a month or six weeks in England (if they knew the language), Germany, Switzerland, and sometimes France. Doctors who could not leave their work for more than a month were usually sent to Germany alone: these visits were especially useful because they showed modern preventive medicine against a background with which the Austrian was familiar, and so convinced him that it was not merely an American fad. Health officers were regularly exposed to good child care projects, and conversely *Jugendamt* heads, usually lawyers, were encouraged to study child health work, so that both might be the better fitted to work together.

For groups of child health station physicians who were not in a position to take such trips, two-week courses were arranged several times each year in Vienna and Graz, and, less often, in Innsbruck and Salzburg. Lectures and observation trips to local institutions made up the course. These doctors were also enabled to meet frequently in provincial conferences. Many men were given a few days in Salzburg to study the unified program there. Obstetricians from the provincial hospitals were routed to other provinces so that better standards of prenatal care and midwife training might become general. Doctors who wished to attend particularly useful pediatric meetings or similar professional gatherings were often helped to do so.

The effect of these scholarships was not only to sharpen the doctor's technique: the break in routine and the impact of fresh experiences were stimulating on their own account. One doctor modestly referred to the experience as "a stimulus to our sluggish mental energies." Another expressed thanks for "an opportunity to greatly extend my knowledge and to get so many new and important stimuli for my work as *Fürsorge* physician." The travelers regularly made detailed and discriminating reports on what they had seen, often comparing it critically with Austrian work. A tuberculosis specialist put his finger on a useful aspect of the scholarship program when he wrote that "The value of such a *Studienreise* as mine seems to lie not so much in the fact that it afforded me ample opportunities to see new things, as that it enabled me to hear our work and methods criticised by outsiders." The Austrian is naturally eclectic, and there was no tendency on the part of these physicians to adopt new methods unthinkingly, but almost always the traveler found something which either seemed to him worth trying or stimulated him to experiment for himself. Sometimes the effect on a worker who had been lacking in interest in public health was dramatic; one station physician had been the despair of his *Fürsorgerin*, dropping in at the station at the last minute for a few perfunctory words of advice to the waiting mothers; but when he came back from his study-trip he was so eager to put preventive medicine into practice that he came early and worked late and was, as the *Fürsorgerin* remarked, a "changed man." Since 225 physicians, altogether, have had at least one scholarship, and some more than one, the nation-wide impact of new ideas has been considerable.

The need of the *Fürsorgerinnen*, in general, was a broader base of technical knowledge on which to ground their empirical methods, and in particular a better understanding of their opportunities for health teaching. Three main types of training were arranged to supplement their varied and often inadequate preparation.

Twenty-six *Fürsorgerinnen* and nurses—chiefly those in administrative or teaching positions who knew English—were sent to take the International Red Cross training courses at Bedford College,

London. The *Fürsorgerinnen*, by special arrangement, were admitted to the course in public health for nurses, and proved by their excellent showing that they were fully capable of benefitting by it. This course included some thirty weeks of lectures, reading, and coaching, and two months of practice work in public health organizations; instruction covered such basic subjects as physiology, personal hygiene and public health, public health nursing, psychology, industrial problems and the relief of distress. Most of the nurses took the companion course for nurse administrators and teachers in schools of nursing. In this curriculum, with some subjects common to both courses, the theoretical work also included the history of nursing, the principles of hospital and training school administration, and methods of teaching. The practical work was done chiefly in hospitals, though some Austrian nurse instructors worked also in public health agencies in preparation for broadening the courses of study in their own institutions.

The *Fürsorgerinnen* who studied at Bedford have been an important factor in raising the tone of *Fürsorgerin* practice throughout Austria. Most of them hold positions of special responsibility. Not less interesting results have followed in the case of the hospital nurses. One, becoming particularly interested in hospital social service, which is almost unknown in Austria, was able to introduce this work in the Wilhelminenspital in Vienna, an important center of nurse training. Another, returning to the Red Cross School of Nursing in the same city, reorganized the curriculum and has taken steps to secure a qualified teaching and administrative nurse in the hospital used by the school for its practical work.

A second group of forty girls went in groups of ten to study at Düsseldorf, Germany, where a special course designed to meet Austrian conditions was arranged for them at the Niederrheinische Frauenakademie, a school for German health and social workers. The environs of Düsseldorf afforded excellent field training. Since each group represented nearly all the provinces the course played an important part in helping Austrian workers to forget their provincial isolation. Often *Fürsorgerinnen* who left Austria strangers came home fast friends, and returned to their stations understand-

ing each other's problems and respecting each other's opinions. This course too had a marked effect on standards of work in Austria. "I have to laugh to myself sometimes," wrote a returned Düsseldorfer, "at how much respect is paid to me by the people, the doctor, the director, and fellow workers, since my return from my six months' trip in Germany. By summer you shall see how I shall make use of what I know in word and deed."

For *Fürsorgerinnen* who had been in service a long time without fresh contact with changing methods, or who, without formal training, were carrying responsibility for station activities and home visiting, three courses of three months each were given in Vienna. Lectures were given by physicians and leading *Fürsorgerinnen*, each student took a short term of training in a children's hospital, and standard institutions for child care were visited. These courses were attended by thirty-seven women.

Other scholarships of a more specialized sort were arranged. Twenty-nine *Fürsorgerinnen* who could profit by special study of German public health work were enabled to make observation journeys of six weeks to two months in length. A limited number, who were so isolated in remote rural districts that they urgently needed more knowledge of home nursing than is ordinarily taught in the schools, were given a special year's course at a Vienna training school for nurses. In general the scholarship program did not provide for undergraduate training, since the new profession had already begun to be overcrowded, and there was greater need for raising standards among the women already at work. A few particularly promising students for whom positions were waiting were, however, aided in their basic training course.

The superintendents and nurse instructors of the four principal nursing schools in Vienna, and some nurses in similarly responsible positions elsewhere, were sent out of Austria to study methods of nurse training. The head nurse of the Rudolfinerhaus in Vienna visited Germany, France, and England, and came back to introduce lecture courses on the health work of the *Fürsorgerinnen* into the curriculum of her school. The teaching nurse in the Wilhelminenspital, Vienna, after a similar experience, introduced a teach-

ing nurse into each ward where student nurses received training, with the help of a Bedford graduate who became one of the instructors. A nurse from Graz, after three months in Switzerland, was appointed head nurse and teaching nurse in child care in the obstetrical clinic—a newly created position.

Like the doctors, the women who were sent out of Austria for training showed no disposition to take without question what was offered them in theory or method. Many of them had to be helped through the depression which they felt when they contrasted the prosperity and optimism of the countries they visited with the state of Austria. Their spirits were sufficiently elastic, however, so that this difficulty was temporary, and most of them came home with a genuine respect for foreign technique, a renewed sense of the inherent values of Austrian ways of working, and fresh enthusiasm for their jobs. One *Fürsorgerin* wrote:

"More and more it becomes apparent how useful the time spent in Düsseldorf has been to me and how much I learned there. The best part of all is the joy with which one returns to work. Shortly before I was to go to Düsseldorf, I was often without hope and courage because the work did not seem to go properly, no matter how one tried to help, and that is very tiring. Thank God, I have overcome this feeling and have recovered my belief in the necessity of work."

In the first year of the Fund's Austrian health program three teachers from different parts of the country were sent for a long observation tour in the United States, which brought them into contact with many centers of health education, including the American child health demonstrations. On their return all three were enthusiastic for the idea of systematic health teaching in the schools, and one, the principal of a large girls' school, played an important part in the Salzburg demonstration which is described in a later chapter.

Finally, as a contribution to the nation-wide health station program, several physicians and one *Fürsorgerin* in positions of leadership were also given opportunity for extended observation journeys. Dr. Robert Dehne, the leader in the child health station

BOTH THE SCHOOL DENTIST IN SALZBURG AND THE FÜRSORGERIN
HELPING HIM HAVE HAD SCHOLARSHIPS FOR SPECIAL STUDY

MARKING THE DAILY HEALTH RECORDS IN A SALZBURG SCHOOL:
THE PRINCIPAL STUDIED HEALTH EDUCATION IN AMERICA

movement, Dr. Thomas Scherrer, chief of the health section in the federal ministry of public welfare, Dr. Hans Leonhartsberger, a young official in the same department who was later made the field executive in active supervision of the "hundred stations," and Fräulein Marianne Danko, *Oberfürsorgerin* for the same group of stations, each visited the United States and saw public health work in all types of communities. Dr. Felix Tietze, a private physician who had been associated with Dr. Dehne in the administration of the original child health station committee, made a similar study-trip through central and western Europe.

At the end of its work in Austria, the Fund left with an Austrian committee set up for this purpose the sum of $15,000 to continue the scholarship program for an additional year. Candidates will be recommended by provincial committees and the Fund will retain general oversight over the awards.

An attempt to impose foreign technique on Austria would have been as futile as it was unnecessary. These scholarships, which opened the doors of foreign countries to Austrian health workers so that they might see for themselves what was done there and take what they found good, brought fresh ideas into Austrian practice and quickened its development without threatening its continuity or its indigenous character.

VI

In the hierarchy of health work in Austria the midwife occupies the humblest place, but for this very reason she presents a training problem of special importance. In the United States the midwife is generally regarded as an anomaly to be borne with for the present and eliminated as soon as possible. In Austria, as elsewhere on the continent, she is a fixture. Old tradition made it unethical for a physician to touch a woman in labor, and even now the normal delivery, in hospital or at home, is the midwife's affair, and the physician is called in only when complications occur. In the city there are midwives practicing both in the homes and in the hospitals. In the country the midwife is a peasant among peasants who builds up, in a lifetime of service, a prestige which makes her the

natural source of information on many matters of health and sickness for which her meager training has heretofore in no way prepared her.

The fundamental policies of the government with regard to midwifery are two: to see to it that every community, no matter how small and remote, has a resident midwife; and to insist on a minimum of training and supervision. Each *Gemeinde*—the smallest governmental unit—must pay a small stipend to a midwife designated by the district physician. A uniform training course at each of six provincial training schools is prescribed by federal law, and the district physician is charged with the duty of inspecting the midwife's equipment and testing her knowledge once every year, when he either renews her license or forbids her to practice till she has had further training.

Since the midwives were drawn from the peasant class in the country and the proletariat in the city; since the only requirement for entrance to a training course was the ability to speak German and to figure; since the training course was only ten months long; and since the district physicians were often too busy to concern themselves with the midwives from one inspection-day to the next, it is clear that these regulations—superior as they were to the legal requirements for midwifery in some American states—fell far short of guaranteeing competence in this group of workers. The annual inspection had little to do with the day-by-day practice of a woman whose prestige depended on her age and perhaps on the size of her own family, who could not support herself on her meager fees and often came to her professional duties with hands grimy from the fields, and who was too old and simple to learn very much even if she was forcibly exposed to further training.

In spite of these drawbacks, however, the maternal mortality in Austria has been low.[1] If the midwives were not clean, neither were many of their patients, and long familiarity with dirt seems to have produced a high degree of resistance to sepsis. But no such favorable condition prevailed in infant mortality, and no program for the promotion of child health in Austria could ignore the

[1] In 1914, 1.47, in 1927 (the latest figure available) 2.0 per 1,000 live births.

women who had most influence over the mothers at the very beginning of the child's life. The doctor is called only when stern necessity requires it; the *Fürsorgerin*, though she is paid little, is an unattainable luxury in the scattered villages of the outlying hills and high valleys; the midwife alone is found everywhere and is always on the job. In rural Austria she may become the vanguard of child health work.

The Commonwealth Fund found two channels through which it could make some contribution to the better preparation of the midwives for this function. The first was the training schools to which women came both for their basic course and for short-term "repetition" courses. By giving scholarships to the personnel of these schools; by arranging for visits for the exchange of information between one school and another; by providing teaching material in some cases, and a teaching midwife at Innsbruck (where the need of more intensive coaching than the doctors could give was apparent) the Fund helped to strengthen the obstetrical training facilities and to interest the instruction staff in developing the public health aspects of their work. By providing scholarships for a few promising young candidates for midwife training in provinces where the supply of midwives was insufficient, and, on a larger scale, paying the expenses of picked midwives already in service so that they might attend "repetition" courses at Klagenfurt, Innsbruck, and Linz, it brought a considerable number of midwives into touch with these new influences at the schools. By arranging that midwife students should have practice training in the child health stations, by bringing the *Oberfürsorgerinnen* in some cases into contact with the practicing midwives in their provincial meetings, and by giving a few *Fürsorgerinnen* the opportunity to become graduate midwives themselves, it sought to build up not only a knowledge of child care on the part of the midwife students but some mutual understanding between the two groups of workers.

The second channel of influence was the development of field supervision. The midwife works alone, often many hours' walk from the nearest colleague and impossibly far from the nearest school. Her training at best is short, and it is important to give her

if possible some form of consecutive supervision and advice. It was planned, therefore, to place travelling midwife-supervisors in three provinces, Tyrol, Carinthia, and Burgenland, as a demonstration of their value. But it proved impossible to find, among these peasant workers, women who were capable even with special training of exercising so much leadership as these positions called for, and the plan was dropped in Carinthia and Burgenland. In Tyrol, as a substitute arrangement, a *Fürsorgerin* with a gift for teaching was assigned to midwife supervision, and when later she also took the midwife course, she qualified for the role very acceptably. This project, which has developed in an interesting way, will be described in the chapter on Tyrol. It is too early to predict its effect in other provinces.

The midwife law, which has been developing through a century and more, was materially strengthened in 1927, when a new code drafted by the federal department of health was passed by Parliament. This requires that under ordinary circumstances a woman must have had the equivalent of a grammar-school education before entering the midwife school, must study eighteen months instead of ten, and must return every fifth year for a repetition course. The new training schedule will include six or seven months' practice in a children's hospital, clinic, or receiving home where the elements of child care can be learned. The effect of this new course, naturally, will be felt only gradually. Only one province pensions its midwives, and women grown old in practice, but still able to meet the legal qualifications under the former law, cannot be dislodged. The task of giving Austria's 4,000 midwives repetition courses is so great that the five-year schedule cannot at once be enforced. In time, however, the Austrian midwife should be a better technician in delivery, a more intelligent co-worker with the physician, and a much safer guide for her neighbors in questions of child health.

VII

More than one Austrian leader in medicine and public health has expressed the opinion that the professional stimulus which the Fund brought to Austria was even more valuable than its financial

MIDWIVES AND NURSES AT SCHOOL IN THE PROVINCIAL HOSPITAL
OF CARINTHIA AT KLAGENFURT

A SPECIAL GRANT PROVIDED EQUIPMENT FOR THIS NEW MILK-KITCHEN
IN THE CHILDREN'S HOSPITAL AT GRAZ

help. The major investment was deliberately made in personnel and the training of personnel; the scholarship program was the largest item in the budget. But it would have been impossible to enter a country so battered by war and privation as Austria was and to attempt to foster health services without also helping the nation to put its health equipment in working order. In addition to the programs which have been described, therefore, the Fund made many special grants for enlarging, rebuilding, refurnishing, and equipping the physical plant in which Austrian health work is carried on.

While every gift of this sort was weighed as a separate project, these special grants fall into two major groups. Gifts made unconditionally for the immediate relief of a specific need naturally predominated during the introductory years of the program. The very first gifts were made to maternity hospitals in Vienna; one made it possible to supply a mattress for every patient in a hospital where many women had been sleeping on the bed-springs because bedding had long since worn out and there was no money to replace it. A little later the famous Kinderklinik of Vienna was enabled to repair and enlarge its convalescent home for tuberculous children. Bicycles were given to a number of *Fürsorgerinnen* who without them had to walk three, four, five hours to make some of their calls. One can always draw a hearty laugh from a group of such workers by asking them how many have automobiles for their home visiting; in private transportation rural Austria is still in the bicycle age. While these early gifts were not as a rule made conditionally, they sometimes gave the recipient a leverage which he was not slow to use in securing further local appropriations. Thus the newly appointed head of the maternity hospital in Klagenfurt, receiving from the Commonwealth Fund a grant for the purchase of new surgical equipment for his operating rooms, and later funds to buy teaching equipment for his midwife school, was able to persuade the province to remodel the operating rooms and lecture hall as its share of the improvements.

Later, however, less and less was given outright, and the grants became definitely instrumental. They were used either to stimu-

late provincial and municipal appropriations, or to bring about changes in organization and technique which furthered the major projects in which the Fund was interested. Grants were made, almost exclusively, to educational institutions which might be expected to help in building up sound professional practice, or to institutions which served children directly. Nearly all important grants were conditional: the new building must be paid for in cash, without any continuing indebtedness, and its maintenance must be assured; or the new salary must be taken up in a reasonable time by the local authorities. If funds were to be brought together from various sources the cash must be in hand, or written assurance that it would be forthcoming must be given, before the Fund contributed its quota. More and more the Austrian executives with whom the Fund negotiated fell into the spirit of this constructive barter and devised ingenious ways and means to raise funds for themselves. Often a project which the Fund had been asked to finance, but which fell outside its range of interest, was carried through independently. With a very few exceptions every agreement in which the Fund participated was carried out by all the parties concerned. Sometimes this involved joint action by local, provincial, and federal authorities, and by private agencies as well, and the money might come from half-a-dozen separate accounts.

Examples of these cooperative enterprises will be found in the chapters devoted to the several provinces. The tuberculosis house built in Klagenfurt is an interesting case in point. Here the Fund was particularly interested in the experiment which the city was making with fully generalized *Fürsorge*, including tuberculosis service, and had invested heavily in scholarships to further it. The tuberculosis organization asked money to buy an X-ray machine. But the building in which the station was housed was unsanitary and depressing and had to be vacated, and the Fund suggested that if all the parties in interest would lend a hand, it would help to finance the erection of a new and really adequate station, as well as giving the X-ray apparatus. The result was that the tuberculosis organization raised *Sch.* 10,000 in private subscription, the city of Klagenfurt, the province of Carinthia, and the federal gov-

ernment provided equal shares, and the Fund put in the last fifth of the *Sch.* 50,000 budget.

The initiative came from the American staff, in this fashion, in perhaps one case out of three. Where the request came from the other side, however, the Fund was equally careful to weigh all the possibilities and to make every contribution pay dividends in genuine health progress. Sometimes the by-product in the way of encouragement to Austrian workers was more important than the actual physical improvement. Making repairs and installing new equipment in the School Hygiene Institute in Salzburg so heartened the staff that the vigor and flexibility of school health service was obviously increased. Sometimes a small gift was a stepping-stone over a difficulty which looked large to the Austrian worker because for years he had been in a state of financial paralysis. A group of *Fürsorgerinnen*, for example, had come after long discussion to the point of wishing to adopt family record cards as a means of making home visiting more efficient. But they found the cost of printing the cards an insuperable barrier to the change. The Fund supplied enough cards to start on, and the system went forward. Often an Austrian worker saw the possibility of strengthening his work permanently if the Fund would help him to get a new project started, and many joint demonstrations of this sort were successful. In Graz, for instance, the director of the Children's Hospital wished to modernize the training course for children's nurses. He laid his plans before the Fund, which agreed to pay the salary of a teaching nurse for a limited period and also to help in providing suitable quarters for students. After the work was visibly under way and progressing satisfactorily the province made the necessary appropriations to continue it.

Small gifts as well as large have thus been made to do double duty. In every important transaction the Austrians have been the partners, rather than the beneficiaries, of the Fund. They have invested enthusiasm as well as money in cooperative enterprises which may be expected to pay dividends in health progress long after the American dollars have been spent.[1]

[1] A complete list of special grants will be found on pages 125-129.

Chapter Three: SALZBURG

In few Austrian cities is it possible to forget the past. But in Salzburg the gray fortress on the rugged hill around which the city huddles fairly trumpets antiquity. The winding streets and burrowing alleys, the stone arches which span them, the cluster of churches around the Residenz from which the archbishops of Salzburg ruled their neighbors for centuries, all confirm the stranger's feeling that here is a very old pattern—one which must have traced itself deeply in men's thinking and endeavor.

When one says, therefore, that Salzburg is the seat of a child health demonstration conducted by the Commonwealth Fund the words are not quite at home with the fact. Something subtler has happened here than the quick changes which in America are associated with that phrase. In Salzburg the pattern of child health services—an overlay on institutions shaped by a thousand years—has slowly been clarified. With small exceptions the American share in this change has not been to add new parts to the whole, but to help Austrians to see the design and so to bring existing pieces of work into relation with it. Because each piece has been molded and strengthened so that it could play its part in the whole, and because the unity of the ensemble has become apparent, it is fair to say that Salzburg is now an intelligible exhibit, in terms of Austrian practice, of a reasonably complete health service for children.

When the Commonwealth Fund came to Salzburg in 1924, the city had a large array of scattered health apparatus—some new projects, some old, drawing their impulse from a wide variety of sources, sharing a common struggle with inadequate equipment but not otherwise related to each other.

The six *Fürsorgerinnen* employed by the provincial *Jugendamt* for Salzburg and its environs, for instance, worked in a fashion which reflected the miscellaneous origins of their program. Some looked out for illegitimate children as volunteer workers had done before them. Some supervised foster children as the law required. Some tended the child health stations which the American Red Cross had started and the *Jugendamt* had inherited. If three kinds of work were found in one family three workers might do it.

School health was served by two agencies housed in a central building which had once been used by a medical school. In the old dissecting room, children were examined by a School Hygiene Institute, founded five years earlier as a private agency on the initiative of the doctor who ran it. Since he was provincial school physician, he offered examinations partly as a health service, but since he was also interested in research in body type, pigmentation, and the like, he made the collection of such data a part of his work. When children were referred to other agencies for the study of suspected tuberculosis, or for orthopedic care, they were lost sight of. Other serious defects were sometimes called to the parents' attention by messages relayed through the schools. There was little or no home visiting to follow up the examinations. Downstairs in the same building was a dental clinic to which all school children came for examinations once a year; those needing treatment were supposed to go to their family dentists, or more often to the *Krankenkassen*, but nobody saw that they did so, and there was no provision for the care of indigents.

The tuberculosis station, maintained by a branch of the Austrian Red Cross in dark and inconvenient rooms near the fringes of the city, had to find most of its cases for itself, though some were referred from the school examinations. The city health officer was a part-time official busy with his routine duties. Communicable disease control brought him into formal contact with the schools, but he had no further part in child health work.

An inventory of child health agencies in 1924 would read something like this:

A provincial Jugendamt responsible for the state's wards, for the child health stations, School Hygiene Institute, and dental clinic. An *Oberfürsorgerin* and six *Fürsorgerinnen* working on an irregularly specialized basis.

Two child health stations, one in the provincial children's hospital on the outskirts of the city, one in the adjoining village of Gnigl. Home follow-up by specialized *Fürsorgerinnen*.

A School Hygiene Institute, recently taken over by the *Jugendamt*, which had informally developed, as a private agency, a system of annual examinations of all school children. Staffed with a physician and a full-time woman assistant who had little time for home visiting.

A school dental clinic routinely examining all school children but giving no treatment. This had been privately supported, but had recently been taken over by the *Jugendamt*, which had no funds to run it.

A tuberculosis station staffed with a part-time physician and full-time graduate nurse, making diagnoses and giving some home supervision, receiving some cases from the School Hygiene Institute but otherwise working alone.

An orthopedic clinic privately directed, receiving some children from the School Hygiene Institute.

A city health officer responsible for the control of communicable diseases and for the general enforcement of the sanitary code.

A provincial hospital with a children's department badly housed and with obsolete equipment.

II

THE first step in developing the health pattern was to call together a small committee of executives from some of these agencies. This was a revolutionary step, for Austrian etiquette does not encourage familiarity between government offices, and the men concerned were sometimes separated by sharp political differences. At first the group was small, and its sessions were a little too cold and formal to encourage the growth of understanding. It did take a hand, however, in selecting staff workers to be sent away on scholarship to study new methods, and in planning the first adjustments which were designed to strengthen the existing machinery of health work.

These adjustments came rapidly. The staff of *Fürsorgerinnen* was increased from six to ten, the better to serve the health and social needs of a population unit of approximately 50,000 people.[1] A new child health station was obviously needed to care for the

[1] 37,000 in Salzburg; 15,000 in two adjoining villages.

babies of the congested tenements under the shadow of the Festung and the Monchsberg. Rooms were found in the same building with the School Hygiene Institute and the dental clinic, and here, in spite of technical difficulties caused by the fact that an old drainage canal ran just under the floor, the Fund installed a well-equipped and cheerfully decorated health center. At the same time the quarters of the other health agencies in the building were repaired. The woman assistant at the Institute was incorporated in the staff of *Fürsorgerinnen*, and a little later a young physician was employed as full-time associate of the director.

These steps made it possible to build up the school health program in several ways. The two physicians working together could give more intensive service, and they began to call in for re-examination children who were found to be in need of corrective treatment. In default of a well-organized system of home visiting, this arrangement served the purpose of clinching to some degree the doctor's recommendations; the parents usually accompanied their children to these special examinations and the doctor could thus deal with them face to face. In the summer of 1925 children about to enter school for the first time were invited to report for examination: in succeeding years a large proportion of such children were reached.[1] The Fund assumed the salary of the dentist, for whom private funds were no longer available, and arranged with him that after examining all school children he should also give free treatment to those who could not otherwise afford it.[2] Funds were provided to pay the cost of orthopedic treatment at the existing clinic for a limited number of poor children. The principal of a large public school for girls, who had been sent to America to study health education soon after the demonstration began, returned to her work with much enthusiasm for what she had seen and began to lay plans for milk-drinking and health habit training in her school.

Meanwhile, as a means of holding the whole enterprise to-

[1] In 1926, 36 per cent of the children entering school were thus examined; in 1927, 80 per cent; in 1928, 78.4 per cent.

[2] In the school year 1925–1926, 26.4 per cent of the indigent children found in need of treatment were cared for by the school dentist.

SALTZBVRG

DR. GEORG PÖCH, DIRECTOR OF THE SALZBURG DEMONSTRATION,
EXAMINING A CHILD IN THE TAGESHEIM

gether, an Austrian doctor, who had studied at Johns Hopkins University on a Rockefeller Foundation scholarship, had been placed in Salzburg as the representative of the Commonwealth Fund and the executive of the local committee. He was not a native of the city, and this fact gave him something of the neutral status which the American staff itself enjoyed in all its Austrian contacts, and which was one of the most important elements in its influence. Men and women who might never have come together without such aid discovered each other through their mutual contact with the Commonwealth Fund and so learned that they too could work together. Provincial officials who would have been quick to resent and resist innovations imposed on them by authority listened with open minds to the informal proposals of the Americans. The Fund played the part of a catalytic agent: in its presence Austrians did for themselves things otherwise impossible.

While these adjustments were being made, one new piece of work was introduced. Headquarters were established, by courtesy of the city authorities, in a building erected in 1895 as a recreation center for school children, but used after the war only for a public kindergarten. Here the Fund opened a *Tagesheim.* This was an institution of a type unknown in Austria and not exactly duplicated in America—a place where some fifty children from three to ten years of age could be given, during the daytime only, the specialized care which they needed because they were undernourished, or convalescent, or badly trained. The preschool children came for the whole day, the older ones for the hours when they were out of school. They played under supervision, rested regularly in a small dormitory, ate meals specially planned to meet their dietary needs and to establish desirable food habits, and were constantly exposed to good habit training through the leadership of a kindergartner and a school teacher. Medical supervision was given by the director of the demonstration, who made his own selection from the children referred for admission by the *Fürsorgerinnen* and kept watch over their physical condition. It was hard at first to make it clear that this was no ordinary day-nursery, but a place for the intensive application, in special cases, of the health principles which the doctors

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and *Fürsorgerinnen* were advocating for all children. Once the purpose of the *Tagesheim* was understood, it was intelligently and fully used.

The first phase of the Salzburg project lasted perhaps a year and a half. During this time the parts of the health pattern were being worked up, some new parts were introduced, and staff executives had at least discovered each other. The *Jugendamt*, the child health stations, and the schools had from the beginning been represented on the executive committee; later the tuberculosis organization, which had at first been inclined to hold aloof, also accepted a place on it, and ways and means of relocating the tuberculosis station for better service were considered. But the idea that community efforts to promote health should be thought of as a unit, and might actually become a unit, had made little headway. To most of the health workers team-play had not yet presented itself as a practical possibility.

III

To this problem the Fund chiefly devoted itself in 1926 and 1927. The attack was two-fold: concrete changes in method looking to closer coordination were suggested one by one to the several agencies, and the results were reported back from the agencies to the executive committee for discussion and approval, so that the practice of coordination and the theory of coordination became familiar simultaneously. Soon the technical problem of integration began to intrigue the workers themselves, and so the process gained momentum.

The home visiting service of the *Fürsorgerinnen* should have been the keystone of a well-planned unit of work. Even more than the public health nurse in America, the *Fürsorgerin*, who is a social as well as a health worker, must be the link between one agency and another and between all of them and the home. But in Salzburg the *Fürsorgerinnen* were under conservative direction, and their social and legal responsibilities still took precedence over their health work. Early in 1926 a count of home visits showed that contacts with the family primarily for social reasons were three

times as many as those primarily for health reasons. Yet follow-up from the child health stations was already so general that it was no longer necessary to schedule special visits for the supervision of illegitimate infants; all babies were now likely to be known to the *Fürsorgerinnen* and most of them were visited routinely.[1] Scholarships, one after another, were gradually broadening the point of view of the staff workers, but the full development of generalized service had to wait upon the closer integration of the agencies which they served. The Fund contented itself at first, therefore, with entering into a written agreement with the *Jugendamt* by which it shared in all major decisions as to staff appointments and assignments.

The next point of attack was the school health work. As a step toward developing what was still in some measure a research examination into a really effective tool of health supervision, the director of the School Hygiene Institute was persuaded finally to abandon the collection of data which had no direct bearing on the child's health. At the same time the Fund helped him to make his examinations more significant by collaborating in the preparation of a standard height-weight table.[2] The working relations of the Institute with other agencies were greatly strengthened by the adoption of simple reference forms by which children with communicable disease were reported to the health officer, children showing a positive skin test for tuberculosis (which was made whenever there was any suspicion of infection) were referred to the tuberculosis station, and children needing orthopedic treatment were sent to the orthopedic clinic, with provision in each case for a return

[1] In the year 1926, in the district served by the health stations, *Fürsorgerinnen* visited 94 per cent of all the new-born infants in their first month of life. In the same year 38.0 per cent of the infants enrolled at the health stations were brought there in their first month; by 1928 this had risen to 44.4 per cent. During 1926, 563 infants were born alive in this district and 473 were newly admitted to the health stations; in 1928, 455 were born and 431 newly admitted.

[2] This table, based on a total of 6,785 observations of Salzburg children, differed from the familiar American tables in that it included only children "free to gain," that is, without defects which would presumably limit their growth. It proved useful because no comparable figures were available for European children, and because even in so small a country as Austria body-type varied so much from province to province that a generalized table would probably have been inaccurate.

report to the Institute. In this way diagnosis of the child could be confirmed, treatment recorded, and the foundation laid for further cooperation in dealing with him. Greater effort was made to have parents present at the routine examinations, previously witnessed only by the teacher and the staff of the Institute.[1] After each examination a report was sent home with the request that the parents sign it, annotate it to show what action they had taken when corrections were suggested, and return it to the Institute.[2] A little later, on the initiative of the nurse at the tuberculosis station, lists of known cases and contacts were exchanged between the Institute and the station. The full development of home follow-up came still later with generalized *Fürsorge*.

During these years health teaching was also developing in the schools. The principal who had been in America introduced milk-drinking and a daily health record into her own school, and through the city superintendent, a member of the executive committee, she was able to interest other schools (particularly those for girls) in similar work. Naturally the content of health teaching and the practice of health habits were both affected by the conditions under which the children lived. Salzburg is so picturesque that the visitor is likely to forget that its old houses, often backed up against sheer walls of rock, are dark and damp and so miserably overcrowded that one room and a kitchen is the usual quota for the workman's family. The little girls who bob their heads so politely as they pass the teacher in the school corridor can hardly be expected to enforce the new ideas as to open windows and milk-drinking on their fathers and mothers when all the family is so huddled together and so hard-pressed to supply more familiar necessities. Ask a roomful of such children whether they drink milk for breakfast and they will cheerfully answer "*Ja*"—but the milk will be the inseparable companion of half-a-cup of coffee (often made out of barley, to be sure), and the dramatic gestures of aversion which well-taught American youngsters make when

[1] In the school year 1925–1926, parents were present at 13 per cent of all examinations;. in 1926–1927, 15 per cent; in 1927–1928, 17 per cent.

[2] In 1925–1926, 56.5 per cent of the cards sent to parents were returned with signature; in 1926–1927, 70 per cent; in 1927–1928, 87 per cent.

DRINKING MILK IN A SALZBURG CLASSROOM: THIS HEALTH SERVICE IS GENERAL IN THE CITY SCHOOLS

MANY SALZBURG SCHOOL CHILDREN GO HOME TO TWO OR THREE ROOMS IN BUILDINGS LIKE THESE

the visitor asks about coffee are here reserved for wine and beer. The green vegetable has small part in their diet, and the open-window rule is honored in the breach rather than in the observance. But one positive asset they have, in common with Austrians of all ages: a passionate fondness for outdoor life. Every class goes with its teacher into the mountains or the woods for one day every month; and in the health posters made by children of all ages hiking and swimming and mountain-climbing have the place of honor among health activities. Youngsters learn at a tender age the art of skiing which is so popular that all Austria takes to the snow-slopes in winter, and if the emphasis on indoor gymnastics seems a little overdone to the American observer it is not allowed to obscure the less debatable value of exercise in the open.

Bathing offers difficulties. In the old Salzburg houses there may be a tap in each flat, or there may be but one to a floor, but there is almost never a bathtub. If there were, fuel is so dear that hot water would be a luxury, and only the most elementary ablutions are possible at home. Austrian health posters tactfully substitute the advice to bathe "as often as possible" for the American slogan, "A full bath oftener than once a week." In such conditions the bath becomes an institutional rather than a domestic facility, and the school bath is correspondingly important. Early in its contact with Salzburg the Commonwealth Fund paid half the cost of one such bath in a central location, and the gift was much appreciated. At first bathing suits were requested, too, but the reticence of the children in the presence of soap, water, and their classmates has now been somewhat relaxed, and though a minimum of clothing is still worn under the showers, the purposes of cleanliness are reasonably well served.

Since the school facilities are so important in forming habits difficult to learn at home, the principal already mentioned asked the Fund to supply bubbling fountains to replace the common drinking cup. This was done, and in spite of the anxiety of one high official lest the little girls catch cold from drinking water that gushed with such speed from the fountains, the city authorities declared that they would copy this innovation in other public

places. Hand-basins in the toilet-rooms seemed also an essential, and the Fund agreed to supply these when the city modernized the toilets. When this was done, the director of the demonstration took care to give all the appropriate authorities an opportunity to observe the new equipment. Money to furnish the other old buildings with hand-washing facilities is still lacking, but it has been decided to install complete modern plumbing—basins and all—in the new school shortly to be built.

The net result of the health innovations in the schools is hard to measure. Milk-drinking has become general in all the public and private schools. The pioneering principal prepared an attractive handbook of health education which has been officially adopted and is in use throughout the province. In Salzburg the girls' schools, at least, have begun a considerable amount of health teaching which is linked up with the ordinary classroom work. Many children have had the drill which comes from the regular checking of health habit records. Some of the *Fürsorgerinnen* make regular visits to the schools to consult with the teachers, averaging a visit a month to each school. All the girls in two junior high schools take a course in child care which was worked out by the principal, the *Oberfürsorgerin*, and the demonstration director, and taught by the *Fürsorgerinnen*. The director of the children's hospital, the director of the demonstration, and the provincial *Oberfürsorgerin* all join in discussing child care and health education in the summer training courses for teachers, and the *Oberfürsorgerin* also meets the students in the winter terms. The attitude of the teachers to active health teaching runs the gamut from enthusiasm to indifference, but a good beginning has been made in linking the schools with the general health program.

The tuberculosis station was the pivot on which a third project revolved. The immediate necessity was to find accessible and convenient quarters for the station. The Fund saw in the change of location an opportunity to bring the tuberculosis program into closer touch with other health work, and offered to put an X-ray machine in the new quarters if they were so situated that co-ordination of service would be easier. After long negotiation the

tuberculosis organization and the city health officer moved into adjoining offices in a centrally located government building. The city, the province, the local branch of the Austrian Red Cross, the Society of Friends, and the Commonwealth Fund all had a share in the cost of the new rooms and their equipment. The station became a much more important asset than before in the health work of the community. The health officer, now a next-door neighbor, began to inform the tuberculosis nurse of all cases reported to him, and looked to her for help both in making the reports more complete and in carrying out control measures. Later, as a further contribution to tuberculosis service, the Fund joined with a private preventorium committee, the province, and the federal government in providing the cost of a new building at the provincial preventorium for children.

IV

In 1926, when it seemed evident that Salzburg had already achieved enough unity in health work to assimilate a new project, the Fund began an important experiment. Outside Vienna and Graz the visiting nurse was unknown except in tuberculosis work, for which the *Fürsorgerin* was generally thought to be inadequate. The *Fürsorgerin,* a resourceful home visitor who could do effective teaching and help to solve ordinary social problems, had neither the training nor the time for bedside nursing. As an experiment in supplementing her service, the Fund employed a graduate nurse to do hourly bedside nursing in Salzburg. This worker, who happened to have a strong bias toward public health nursing, offered her services to the doctors and the public, and also undertook to follow up children registered at the orthopedic clinic who needed competent supervision for their corrective exercises at home.

The response to the offer was slight. Few cases were received, and temporarily the nurse was assigned to the delicate task of home visits to children enrolled in the *Tagesheim,* where close cooperation between home and institution was especially necessary. With this combination of duties she found herself too busy to

develop all possible leads for bedside work, and a second nurse was employed—this time one whose preference was for the care of the sick rather than for public health work. Even this balanced staff, however, could not find enough cases to keep busy. Every possible channel of publicity was used in the effort to make the service popular: the *Fürsorgerinnen* and the health officer spread the news; advertisements were printed and placards posted; a women's committee was formed and set earnestly to work. But the habits of Salzburg, in this respect, were too strong to change. The houses were so crowded that the sick were taken as soon as possible to the hospitals. The doctors, many of whom were paid per visit by the *Krankenkassen*—and paid little enough in any case—preferred to do for themselves things which in the United States would be left to the nurse. The demand for bedside nursing never reached a point where it justified the continuance of the work as a specialized activity.

After the first year, therefore, the nurses began to assist the tuberculosis nurse in her home visiting, where there was more than enough for one person to do. Still later they began to visit children discharged from the provincial children's hospital. The *Fürsorgerinnen*, who cooperated cordially with the nurses, learned much from them: they were stimulated to improve their own technique and became interested, through observing the nurses' records, in better organization of their own office work. But these by-products, useful as they were, held out no hope that Salzburg would eventually assume the nursing budget for itself, and in 1928 when the second nurse resigned because of illness she was not replaced. The original nurse remained in service to the end of the demonstration period.

Prenatal service, begun at the central child health station in 1927, proved to be a more permanent addition to the health program. The Fund supplied the equipment; the head of the maternity hospital directed the station; the visiting nurses assisted at the consultations (later giving place to a *Fürsorgerin* who took a midwife course in preparation for this duty); and the *Fürsorgerinnen* made home visits to the enrolled mothers. At first the edu-

cational purpose of the consultations was not clearly understood either by the mothers or by the physician in charge, but when the obstetrician and his assistant had both been given scholarships to observe prenatal work elsewhere in Austria, and the mothers had time to get acquainted with the service, the station proved its usefulness.[1]

Students from the provincial midwife training school were sent to the station to watch both the doctor and the *Fürsorgerin* at work, and attended regular courses in child care at one of the child health stations. The *Oberfürsorgerin*, with permission from the health officers, attended and addressed the meetings of the midwives' association to increase the interest of practicing midwives in child care.

V

Through all these changes in the health pattern of Salzburg the thread of unity was slowly but firmly drawn by the resident and visiting workers of the Fund. A full case-history would be needed to make the whole process clear; here only a few outstanding events can be noted. One was a dinner-party held in the summer of 1926. An American woman who had been familiar with the child health demonstration in Fargo, North Dakota, visited Austria. In her honor all the leaders in Salzburg health work were invited to sit down together for an evening. It was an occasion without precedent; some of the guests had never met each other; none was accustomed to this type of informal professional contact. The result was a real growth of friendliness. The effect was particularly interesting in the case of the local health officer, who had previously been a lone worker, anxious to interpret his work to the public but without the means of doing so. Later in the year the executive committee included him in its membership.

In 1927 the health workers were ready to attempt two difficult feats of team-work—the preparation of a permanent health exhibit in the local museum, in which pictures, charts, and models inter-

[1] In the first year, 1927, 87 mothers were enrolled, of whom 90.8 per cent came before the seventh month of pregnancy. In 1928, 58 new cases were enrolled, 86 per cent before this stage of pregnancy.

preting all phases of their program were assembled; and the organization of a Health Week which was the first large-scale publicity enterprise of its kind in Austria. The exhibit was formally opened on this occasion; visiting speakers made addresses; school children gave exercises; and the local authorities really discovered the demonstration. The health officer, called upon to explain his work publicly, received a fresh stimulus toward enlarging it, and when he had been away on scholarship a little later he began at once to modernize his official activities. He has now taken his rightful place as an important coordinate factor in the community health program.

By the end of 1927 the leavening process had gone far and the time was ripe for a new grouping of the *Fürsorgerinnen.* This development, theoretically, should have come first, but it was impossible till old work habits had gradually been altered. The city and its environs were now divided into six districts, and six of the *Fürsorgerinnen* were assigned to these districts for generalized service. With the exception of tuberculosis work and the supervision of orthopedic cases, the *Fürsorgerinnen* now began to make, each in her own group of families, all visits for both health and social purposes—to supervise foster and illegitimate children, to follow up the child health center and school examinations, to support the health teaching of the prenatal station, and to do such general health education in the home as was possible in each individual case. *Fürsorgerinnen* were rotated in the School Hygiene Institute and the health stations so that as far as possible children from a given district were always in contact with their own home visitor. The other four staff workers remained on specialized service—two in police and juvenile court work, one in office work, and one dividing her time between office work and the dental clinic. The focus of interest had swung so far toward the health aspect of *Fürsorge* that in 1928, out of a total of approximately 10,000 home visits made by the six field workers, nearly half were reported as being primarily for health purposes, and it is safe to say that health considerations were kept in mind in the great majority of all their visits. When it was arranged that records

from the child health stations should regularly be forwarded to the School Hygiene Institute when the child reached school age—a link that is seldom found in American health work—a still greater continuity of health supervision became possible.

These long steps taken, Salzburg became increasingly useful as a training center for health workers from other parts of Austria. *Fürsorgerinnen* and doctors on their way to or from England or Germany for postgraduate work visited the city. *Oberfürsorgerinnen* from all the provinces met there for conference, doctors were sent there for a few days of study, teachers from Vorarlberg found there a stimulus to their own health work, and in general the city became a valuable object lesson of what the Americans meant when they talked coordination throughout the country. Visiting health workers from England, France, and Germany also found the Salzburg pattern interesting.

VI

While technique continued to improve, and the thread of unity was drawn more and more closely, the demonstration was now ready for its final phase, in which consolidation of the gains already made and the transfer of full responsibility to the city and province were the most important tasks.

Some minor physical improvements were still to be made. The equipment of the dental clinic, for instance, belonged to the attending dentist; the Fund replaced this with furniture and apparatus which it gave to the city, so that if the dentist withdrew the clinic might go on without interruption. With these new working tools, and a glimpse of public health dentistry elsewhere on a scholarship trip, the dentist took a fresh grip on his job. The *Fürsorgerinnen*, losing possession of their offices, which had been inadequate at best, were hampered in their work, and the Fund offered furniture for new quarters if really adequate space was made available by the city. After a painful interval, excellent offices were found, and the cost of alterations, plumbing, and office fixtures was provided as a special grant. The modern hand-basin which was part of the equipment gave these workers

CHILD HEALTH STATIONS—SALZBURG

	1926	1927	1928
ENROLLMENT AND EXAMINATIONS			
Number of different children examined during year	1,536	1,621	1,586
Enrolled at end of year, total[1]	1,048	1,041	1,085
Infants	*311*	*338*	*360*
Preschool children	*737*	*703*	*725*
Attendance, total	5,406	5,381	5,621
Infants	*2,986*	*3,027*	*3,264*
Preschool children	*2,420*	*2,354*	*2,357*
MEDICAL FINDINGS			
Number of children whose state of health was known[2]	697	772	827
Per cent found without defects[3]	*44.1*	*51.4*	*49.7*
Per cent in need of treatment	*55.9*	*48.6*	*50.3*
TREATMENT REPORTED			
Number of defects reported	515	474	546
Per cent of defects treated	*75.7*	*86.1*	*87.7*
RESULTS OF TREATMENT			
Number of defects treated	390	408	479
Per cent reported cured[4]	*63.1*	*66.4*	*66.3*
Per cent reported improved	*23.3*	*22.4*	*27.3*
Per cent reported unchanged	*5.4*	*6.3*	*5.3*
Per cent under treatment at end of year	*8.2*	*4.9*	*1.1*

[1] The excess of children examined over enrollment is accounted for by the children discharged during the year because of reaching school age, removal from the neighborhood, or other causes.

[2] On the "state of health" see note on page 24.

[3] On the counting of defects, see note on page 62.

[4] These percentages are based on the physician's findings at the time of reexamining the child.

so much pleasure that they flatly refused to have it concealed by a screen.

A small recreation home in the mountains thirty miles from the city, which had been established by a Catholic sisterhood, was enlarged by the building of a shelter for sun-baths and partly refurnished by the Fund, on condition that satisfactory medical supervision be established. This institution was then linked closely with the health work of Salzburg, and twenty to twenty-five girls selected by the health stations and school physicians were sent there throughout the year for a month or two of special care.

In 1926 the province of Salzburg had taken the first step toward recognizing its financial stake in the enlarged health program by entering on its books, as a lump sum, the money given by the Commonwealth Fund and its expenditure for child care. At the end of 1927 the question of appropriations was more definitely raised. The children's department of the provincial hospital, under a new director, was anxious to improve its equipment and to build a new wing in which there would be beds for feeding cases and other "well" children temporarily in need of hospitalization because of the illness of their mothers or similar reasons. The director had taken an active share in the community's health program, lecturing to the *Fürsorgerinnen* and to classes of mothers and girls on child care, and beginning single-handed to train the nursing sisters with whom the hospital was staffed. By agreement between the Commonwealth Fund, the city, and the province, it was decided that the Fund should make an appropriation which, added to private gifts, local and federal funds, would make it possible to enlarge and re-equip the hospital, while the province and the city, on their part, assumed financial responsibility for continuing the Salzburg health program.

For the year 1929, therefore, the four additional *Fürsorgerinnen*, the maintenance of the third child health station, the assistant physician in the School Hygiene Institute, the school dentist, the prenatal station, and the special fund for the orthopedic treatment of indigent children are all provided for in the pro-

SCHOOL HYGIENE INSTITUTE—SALZBURG

	School Years		
	1925–26	*1926–27*	*1927–28*
SCHOOL ENROLLMENT IN DISTRICT SERVED	7,661	7,658	7,856
EXAMINATIONS AND FINDINGS			
Number of routine examinations	7,661	7,961[1]	8,128[1]
Per cent of children found without defects[2]	*63.8*	*67.3*	*71.3*
Per cent of children found in need of treatment	*36.2*	*32.7*	*28.7*
FOLLOW-UP SERVICE			
Number of re-examinations	714	740	1,025
Children taken under Fürsorge supervision	832	709	778
Children whose treatment was recorded	714	607	708
Per cent reported as cured	*11.1*	*13.7*	*14.7*
Per cent reported as improved	*17.1*	*17.3*	*19.0*
Per cent reported as unchanged	*23.3*	*30.4*	*31.1*
Per cent under treatment at end of year	*48.6*	*38.6*	*35.2*

[1] The number of routine examinations is sometimes greater than the enrollment because for special purposes certain classes are re-examined in groups. These second examinations are not the same as the individual follow-up inspections counted under "number of re-examinations."

[2] The large percentage of children found without defects is due to the fact that in Austria, as a rule, minor defects such as enlarged but not diseased tonsils, adenoids which do not seriously interfere with breathing, etc., are not considered defects. Of course, the question whether or not a tonsil is diseased depends upon the judgment of the individual examiner. Likewise, certain other conditions, such as eczemas, small hernias, underweight, unless extreme and accompanied with anæmia, and bad posture, unless a definite curvature of the spine persists, are not counted as defects. On the other hand, temporary infections and communicable diseases, which in many American school systems would be detected by teachers and nurses in daily inspections, so that the sick child would be eliminated from the examination group, occur rather more frequently than might be expected in the findings of school examinations. For these reasons the Austrian figures are not properly comparable with data from the United States.

vincial and municipal budget. Part of the cost of the *Tagesheim* is also met by public funds, the balance to be raised by the private agency which originally ran the recreation center in the same building and still keeps a stake in it. Only the visiting nurse service disappears from the picture.

It may be interesting to list briefly the child health services of Salzburg in the form which they had assumed after four years of collaboration with each other and with the Commonwealth Fund:

A provincial Jugendamt, responsible for the state's wards, for the child health stations, School Hygiene Institute, dental clinic, and prenatal station. An *Oberfürsorgerin* and ten *Fürsorgerinnen,* working on a generalized plan, giving service to all the health agencies with which the *Jugendamt* is concerned. Health teaching by the *Oberfürsorgerin* in both midwives' and teachers' training schools.

Three child health stations, serving the city and two adjoining villages, with trained personnel. Child health station records automatically transferred to the School Hygiene Institute when the child reaches school age and receives preschool examination. Home follow-up by *Fürsorgerinnen.* Free quartz lamp treatment for indigent rachitics. Parents' courses in child care twice each year. Midwife students received for observation and practice of child care.

A School Hygiene Institute, routinely examining all school children and reexamining those referred to public agencies or private physicians for corrective treatment. Staffed with two physicians and with *Fürsorgerinnen* who serve in rotation by districts. Home follow-up by *Fürsorgerinnen.* Systematically referring cases to tuberculosis and orthopedic clinics, and reporting findings to parents, with provision for return reports in each case.

A school dental clinic, routinely examining all school children and giving free reparative treatment to those certified by the *Fürsorgerinnen* as being indigent and without *Krankenkasse* affiliations.

A tuberculosis station adjoining the offices of the city health department, with a doctor and full-time graduate nurse, making complete diagnoses and giving home supervision, cooperating closely with health officer and exchanging references with child health stations and School Hygiene Institute.

An orthopedic clinic, privately directed, but receiving children from the School Hygiene Institute, giving care at public expense to a group of indigents, loaning apparatus for home therapy, advising parents as to corrective exercises for postural defects. Home follow-up by *Fürsorgerinnen.*

A city health department which participates in the formation of community health policies, controls communicable disease, cooperates closely with the tuberculosis station, is improving the milk supply, and examines kindergarten children annually.

SCHOOL DENTAL CLINIC—SALZBURG

	School Years		
	1925–26	*1926–27*	*1927–28*
SCHOOL ENROLLMENT IN DISTRICT SERVED	7,661	7,658	7,856
EXAMINATIONS AND FINDINGS			
Number of examinations	6,464	5,928	6,830
Per cent of children with perfect teeth	*4.7*	*3.7*	*3.1*
Per cent of children with adequate corrections	*22.2*	*31.6*	*33.1*
Per cent of children found in need of treatment	*73.1*	*64.7*	*63.8*
ECONOMIC CONDITION OF CHILDREN NEEDING TREATMENT			
Number of children found in need of treatment	4,740	3,836	4,359
Per cent able to pay for private care	*25.4*	*26.0*	*26.0*
Per cent enrolled in Krankenkassen	*38.5*	*33.0*	*37.0*
Per cent indigent	*36.1*	*41.0*	*37.0*
TREATMENT AT CLINIC			
Number of indigent children treated	450	440	387

A provincial children's hospital in which equipment is being modernized, which will in future care for feeding cases, and which refers discharged cases to *Fürsorgerinnen* for follow-up; with a director who does much child health teaching in classes for mothers, *Fürsorgerinnen*, and his own nurses.

A prenatal station, staffed by obstetrician and specially trained *Fürsorgerin*, making regular prenatal examinations with home follow-up by the *Fürsorgerinnen*.

A Tagesheim giving intensive health supervision, under medical direction, to an average of 50 children from three to ten years of age, with a nursing and teaching staff and home follow-up by *Fürsorgerinnen*, and parents' meetings led by the physician in charge.

A system of school health education, incorporated in a handbook of procedure, including milk-serving at school, health habit records and general health teaching in some schools, courses in child care for older girls given by the *Fürsorgerinnen*, and some school visiting by *Fürsorgerinnen*.

A health exhibit permanently installed in a local museum and used for the instruction of specially-conducted groups of visitors.

Cooperation is an item which eludes the budget-maker, and no plan of work can guarantee it. But it is a habit, and even if it is

a new habit in the health work of Salzburg it seems to have found its way into the pattern of the community. The executive committee, which has been steadily growing to maturity, as measured by frankness of discussion and unity of feeling, has taken steps to perpetuate itself as an unofficial bond between the provincial welfare authorities, the health department, the private agencies, and the schools. The outlook for continued progress in Salzburg is good. The old ways do change, though the continuity of the pattern is unbroken.

SALZBURG CHILD HEALTH DEMONSTRATION

EXECUTIVE COMMITTEE

WILLIAM J. FRENCH, M.D., *Chairman*
Director for Austria, the Commonwealth Fund

THEODORE GMACHL, M.D.
City Health Officer

FRANZ GRIMM, M.D.
Medical Director, Tuberculosis Station

OTTOKAR GRUENER, M.D. [1]

OSKAR HAUSNER, DR. JUR.
Director, Provincial Child Welfare Bureau

WALTHER HEINZ, M.D.
Supervisor, Child Health Stations

HORTENSE HILBERT, R.N.
Assistant Director for Austria, the Commonwealth Fund

PROFESSOR KONRAD LINDENTHALER
District School Inspector

GEORG PÖCH, M.D.
Director of Demonstration

[1] Resigned

Chapter Four: TYROL

The province of Tyrol lies beneath, between and atop the Alps. The mountains are everywhere; most of Tyrol, since its dismemberment at the close of the war, lies in the single valley of the Inn and its rushing tributaries—a narrow strip of flat green bottomland from which the mountains rise abruptly, and many branching valleys pushing their way to north and south toward the frontiers. Innsbruck, capital and largest city of the province, is a spot of mellow color set against an austere background of towering rock, snow-covered from fall to spring. It is an old seat of Germanic culture, with a university dating from 1672 which contains one of Austria's three medical schools. But Tyrol is preeminently the home of an upstanding peasant people whose love for their mountains and whose impatience of control from outside the province are proverbial.

Accustomed to go its own way, Tyrol has not only pioneered in health and social work for children, but has refrained from merging its private agencies into government departments as every other province, except its neighbor Vorarlberg, has done. One of the oldest societies in Austria for the care of wayward and neglected children, the Jugendfürsorgeverein, has been continuously active since 1904, and still raises part of its revenues from private sources—especially through the graceful custom of making a small gift for child welfare in the name of a friend or relative who has died, instead of buying flowers for the funeral. A Catholic welfare agency, the Caritas Verband, is somewhat younger. The city of Innsbruck began even before the war to give its school children an annual medical examination and has had its own *Jugendamt* since 1918. Child health work throughout the province is in the hands of the Landeskommission, an unofficial or-

ganization formed in the last year of the war to combat infant mortality.

The division of functions between these agencies is a complicated one. In the city of Innsbruck the Landeskommission maintains three health stations and is responsible for both health and social care of children up to their third year of age; the Landeskommission offers health supervision and the city *Jugendamt* provides social care for children from three to six; the city health department gives health supervision and the *Jugendamt* social care for children of school age. Incidentally the *Fürsorgerinnen* employed by the *Jugendamt* not only make home visits to school children but visit the schools daily, a service which is not duplicated in any other Austrian city. In the province the Landeskommission maintains seven more health stations (with nine branches) and offers health supervision for children up to school age; there is no effective school health work; the Caritas Verband and the Jugendfürsorgeverein carry social responsibility for dependent children but use the *Fürsorgerinnen* of the Landeskommission as their field agents. Tuberculosis work is done by a private *Verein* which confines itself to clinical service in Innsbruck. Plans for the development of wider educational and supervisory service for the tuberculous of the entire province are now being considered.

This intricate pattern, with its odd mixture of generalized and specialized service, has no exact counterpart outside Tyrol. It is set forth in detail because of the light which it throws on the difficulty of standardizing methods throughout Austria, and because it is an interesting exception to the prevailing trend toward concentrating responsibility for child care in the hands of public officials. Actually the income of the three major private organizations comes in great part from public revenues, but the thrifty peasant legislators in the provincial assembly, in spite of repeated efforts by the Social Democratic minority to set up a public *Jugendamt,* have thus far refused to saddle on the government the entire cost of an enterprise which still draws some of its support from private gifts.

Naturally a situation of this sort called loudly for some unifying influence which would bind together the activities of all these agencies. At the very beginning of its work, the city *Jugendamt* shared office-space with the somewhat older Landeskommission, and though the two organizations separated as they grew the precedent had been set for cooperation based on propinquity. In 1926, when there was a possibility that both might find new offices in the same building, the Commonwealth Fund was asked to help, and did help, in furnishing the quarters of the Landeskommission. Here one of the most attractive child health stations in Austria was set up, for the physician in charge of the Landeskommission, in fine Austrian fashion, was an artist by avocation and not only contributed to the offices bold and decorative paintings of his own, but secured from a sculptor friend a ceramic which charmingly expressed the purpose of the station in symbolic form. It was this physician, incidentally, whose posters have been used throughout Austria as health station decorations and publicity. The Fund assisted in installing an especially complete health exhibit in this station.

The practical effect of the close association of the two groups of *Fürsorgerinnen*—those employed by the city and those employed by the Landeskommission—was excellent, and in the same year the Fund called into conference the executives of the Landeskommission, the provincial health department, and the city *Jugendamt* as a foundation for joint planning in health work. The result was encouraging, and the next year the American staff suggested the formal organization of a coordinating committee. The executives were already exchanging views informally, and precedent was found for the new grouping in a defunct provincial health committee. In 1928 a Federation for Juvenile Welfare Work was definitely established, uniting the Jugendfürsorgeverein, the Caritas Verband, the Landeskommission, and the city *Jugendamt*, under the presidency of a representative of the provincial welfare department, "for the double purpose of furthering amicable relations and mutual assistance among these organizations and of furnishing the provincial government the materials which

shall give the latter a general survey of the moneys to be appropriated toward juvenile welfare work and which shall ensure a just division of these moneys." The health departments, city and provincial, are represented on the committee and cooperate with it.

The committee has already risen to the occasion in an emergency. Early in 1929 a *Krankenkasse* decided to withdraw its contribution from a health station in a small Tyrolean city. Without this money it would have been impossible to continue a branch station and to employ the *Fürsorgerin* who was needed to run it. The committee met, decided that the full work must go on, and secured from the province a special subvention to meet the deficit.

Beside moving for greater unity in Tyrolean health work, the Fund sought to strengthen the work of the *Fürsorgerinnen* by giving scholarships to more than a score of them—including some *Jugendamt* employees as well as those of the Landeskommission—and by adding two workers to the staff of the Landeskommission. One of these new *Fürsorgerinnen,* who was later given a year's study at Bedford College, has developed in and about the manufacturing town of Telfs an interesting piece of work which illustrates the long reach of the home visiting service. Beside organizing and assisting at a weekly session of the child health station in Telfs, and periodically preparing the necessary "petitions" to keep the community up to the mark in carrying its share of the expense, she covers by train, bus, bicycle, and on foot a district roughly measured by a ten-mile radius. She visits every newborn baby in Telfs and three other villages, and supervises foster and illegitimate children in twelve more distant hamlets, some of them separated one from the other by an hour's good mountain-climbing.

Even such heroic efforts are inadequate to provide health supervision for illegitimate babies and others in special need of temporary care. At Axams, near Innsbruck, the province and the Landeskommission made some contribution to the solution of this problem by opening a small nursing home, for which an American gift provided equipment.

THIS HOUSE IN THE "OLD TOWN" IN INNSBRUCK DATES FROM 1540

THROUGH ARCHED DOORWAYS IN INNSBRUCK ONE SEES HUDDLED COURTYARDS AND CROWDING TENEMENTS

II

Tyrol has done its utmost to push the work of its *Fürsorgerinnen* as far as possible into the open country. Stations like those in Kitzbühel, a famous mountain resort, reach out into small branch stations to serve the smaller villages. But at best it is impossible to cover in this way more than a relatively small part of this Alpine province. There is no hope at present of putting *Fürsorgerinnen* into the more remote valleys, which may stretch twenty or thirty miles from the railroad into the high passes, and where the scattered villages hold only a few hundred souls each. Not even the doctor, in these rougher valleys, can get about freely in the deep snow of winter. But wherever there is a village, babies are born (though the records show that one hamlet in a high valley had lost so many of its men in the war that there was not a birth for four years); and wherever babies are born there is a midwife. She may have only a dozen births a year to care for, or she may have thirty or forty. She can not live on the meager fees she receives—the equivalent of four or five dollars a delivery, with a hen or a few eggs and some butter thrown in—but the law requires that she be on hand and the community pays her a tiny stipend. She is permanent, and she is the only one of the neighbors, in most villages, who has any claim to authority in matters of health. She knows—or she is supposed to know—how to care for the mother at the moment of her greatest need, and it is not strange that she comes also to play the part of adviser, wisely or unwisely, in the thousand and one instances where the child is ailing and the doctor is too distant or too expensive to call.

Health workers in Austria begin with the tools at hand and use them up to the limit, regardless of academic theory. So the midwife has been made the focus of health effort in the mountain valleys of Tyrol. A system of education, re-education, and supervision has grown up which is aimed to develop the midwife's knowledge of child care to the farthest possible point, and to strengthen her leadership in everything that concerns child health.

In 1924, when the Commonwealth Fund made its first contact with the Landeskommission, this agency was already interested

in the possibility of using the midwives in this way. The Fund provided the cost of sending one midwife to Vienna for a year's training and of bringing others to Innsbruck for review courses of a month or two each. One of the two *Fürsorgerinnen* whose salaries were paid out of the American budget showed special aptitude as an instructor, and was assigned to teach child care to the midwives who took these courses. Presently, it became clear that the students in the basic training course for midwives also might learn something of child care if the teaching staff were strengthened for this purpose. The Fund, therefore, provided the salary of a teaching midwife—a *Fürsorgerin* with a midwife diploma who was able not only to teach the students the rudiments of child health but to better their clinical training by more intimate, personal, coaching than the staff physicians had time to give. This position was so financed for three years, and then funds were provided to continue it by slightly increasing the fees paid by the students.

The Landeskommission continued its policy of calling in midwives from their work to take "refresher" courses, and a total of sixty or seventy women have had this additional training. Only the younger workers—those under fifty—were chosen, for the older ones were too firmly fixed in old ways of working to be responsive. Only time could deal with them. But even the most intelligent students found it hard enough to remember the new ways when they had gone back to their lonely posts, as the Landeskommission discovered when the *Fürsorgerin* who had taught them child care made a field survey in 1925. She found surprising differences in health knowledge and habits in valleys which, though close together as the crow flies, were walled from each other by the mountains. Her reports pointed clearly to the need for some form of continued help for the midwives if they were to hold the fort in their isolated villages against ignorance and disease.

Early in 1926 the problem was canvassed in conferences between the Landeskommission, the head of the maternity hospital, the provincial health officer, and the Commonwealth Fund. The upshot was that the Fund offered to finance a regular field super-

visory service. The position was without precedent, and there was some danger that the district physicians, charged by law with the duty of midwife supervision, might resent it. But the Landeskommission, as a private agency, took responsibility for the innovation and the *Fürsorgerin*—the same worker who had made the field survey in the previous year—set to work. Without official status, she relied on her tact and technical knowledge to win first the toleration and then the interest of the district physicians, and the confidence of the midwives.

III

From early spring to late fall—as long as the roads are passable—the supervisor goes up and down the valleys, with rucksack and stick, to visit the midwives in their own homes. Those who are not too old to learn she sees perhaps twice a year, once on such journeys and once at the annual inspection-day when they come to the district physician to be examined and to have their licenses renewed. A vigorous young Austrian, with the typical *Fürsorgerin's* zest for the touch and go of human contacts and the roving outdoor life which her job involves, she has made friends in every mountain village in Tyrol. When she comes, the midwife greets her with a hearty smile, brings out the treasured gentian-brandy, and settles down for a comfortable chat about the babies born last year. Then the two women set out afoot—the midwife in her best black apron—to visit those same babies.

It may take all day to tramp up and down the village paths on this errand, for the pious Catholic neighbors produce many children, and the villages spread far up the steep slopes. Distance here is time, and a village may be two or three "hours" long and a good "hour" high from the road at the bottom of the valley to the topmost houses—and these distances must be measured in the plodding gait of the peasant, who carries his rough tools and his precious manure and his infrequent store purchases up and down these stubborn slopes in an endless drudgery. Every piece of useful land must be pressed into service; the flat-land is likely to be crowded by a single potato-patch, the tilled fields are up-ended

and meager, the hay fields and pastures climb sharply into the timber, and only the rocky summits limit the range of the day's work. It is a proud day when the village builds a clay road up the mountain so that a narrow home-made cart, drawn by an ox, can take the heaviest loads off the peasants' backs, but the tall wicker basket strapped to the shoulders is still the prevailing mode of transportation. Every family must have its full set of *Steigeisen* —sharp prongs of iron that can be lashed over heavy shoes to make it possible to climb and descend the steep paths when they are covered with ice and snow.

There are, to be sure, surprising evidences of modernity. The bus from the nearest railroad town runs up the road and brings German tourists as well as the mail and, in emergencies, the doctor. In a century-old cottage you may find a peasant woman pressing her linen with an electric iron, for as often as not a hamlet of three or four hundred people, taking advantage of the nearest stream that pours down the mountain, has its own water-works that generates enough electricity to light all the nearer houses, the gaudy church, and the clean-scrubbed *Gasthaus.* But for the most part the life these peasants live is primitive and very hard, and it is a pleasant surprise to hear now and then the mellow tinkle of the "water-bells" that some tired farmer has found time to rig up, for his own pleasure and that of his children, in a streamlet that tumbles past his house. In spite of the marks of heavy toil, the peasant mothers are handsome women—ruddy-cheeked, finely-featured, carrying themselves as befits pure-bred descendants of an old mixture of Roman and Teutonic stock. And they greet the guest not only with a dignified friendliness but with an *esprit,* a hint of humorous understanding and alert curiosity, that makes one realize that in spite of peasant conservatism they are teachable and responsive folk.

When the baby has been produced for inspection by the midwife and the city visitor, and the well-trained toddlers have been led up to shake hands, a conversation follows such as any rural health worker in the United States might share—with some difference in the details. Here in the mountains breast-feeding

GALTÜR, AT THE HEAD OF A LONG VALLEY IN TYROL: THE GALTÜR MIDWIFE IS PICTURED ON THE NEXT PAGE

THE MIDWIFE AT GALTÜR (LEFT) AND THE MIDWIFE SUPERVISOR WHO TRAVELS THROUGH TYROL (STANDING)

is too soon ended, and in very backward villages the priest has sometimes frowned on it because it is considered indecent to uncover the breast. But mostly these peasant mothers, without benefit of *Krankenkasse* premiums, nurse their children as long as the city mothers who are paid to do so.[1] After weaning, whole milk is given too soon, there is too much reliance on rich cereal gruels, and too much delay in beginning a mixed diet. None of the families can easily get green vegetables, and the poorest cannot find even the potatoes for a soup for the youngsters. But nearly every family has a cow or two, and most keep goats as well, and even though the principal export of such a valley (other than the wood which is systematically cut) is butter, the children get whole milk to drink and the buttermilk is used for cooking or feeding the stock.

But fresh air—that is another story. Usually the baby is found asleep in "The Room"—the family living and dining room, with the double windows closed, with a squat plastered stove in the corner surrounded by a bench where the back keeps warm on the coldest evening, with the name of the original owners of the house, man and wife, in faded German black-letter over the door —and with the original air still intact. The manure which is heaped outside and clings to the boots as one enters (though the bare floor is scrubbed spotless), the cows and goats and chickens living in the stable under the same roof at the other end of the house, the stocks of pungent *Bauernwurst* in the adjoining kitchen, the enormous cheese which may be ripening atop the stove, and the concentrated human odors which accumulate during the long winter, create in these rooms an atmosphere which beggars description. The more sophisticated Tyroleans ask, "Why is the air so fresh in Tyrol?" and answer, "Because the peasants keep their windows shut!"

Old habits in this particular are hard to change. In villages where the small children play freely out-of-doors in all seasons,

[1] Records kept at the "hundred stations" show that, in 1928, 77.2 per cent of all the babies less than one month old registered at the stations were breast-fed; 51.7 per cent of the babies in their second and third months; 22.3 per cent in the fourth, fifth and sixth months; and 2.9 per cent after the sixth month.

the supervisor praises their red cheeks and draws the moral for the baby. In places where the wiseacres still shake their heads at the radicals who let their youngsters romp in the snow, the lessons must begin further back. In general the communities to which strangers come as winter or summer guests change their ways most quickly, and all through the Tyrol the bus-lines have spread so rapidly that isolation and ignorance are measurably decreasing.

Everywhere the supervisor goes the questions about feeding and outdoor airings are direct and persistent; everywhere the suggestions as to ways and means are concrete and simple. Here a child has a cold, and the supervisor suggests an herb tea. Here a baby's navel has not healed, and she rips off the hard coin which is plastered over the hernia, shows the midwife how to strap the orifice, and watches while the midwife herself does it. Here a youngster with an infected chin needs protection for it, and the visitor shows the mother how to tear and tie a bandage out of her homespun linen, and repeats the instructions for the midwife's benefit. In home after home the essentials that the midwife learned in her training course, and that she has been urged to teach her neighbors, are emphasized afresh.

When the visits for the day are ended, and the supervisor, after a final talk with the midwife, tramps back to bus or train or *Gasthaus*, three things have happened. The mothers have had practical suggestions for the better care of their children. The midwife has been reminded, case by case, of the principles of child care which she has been taught. The midwife has been strengthened in her position as health leader, not only because the wise and friendly *Frau Doktor* has echoed the midwife's own precepts, but because she has shown herself in the midwife's company and has thus demonstrated that the latter has an active contact with the remote and respected authorities of the outside world.

The midwife's task in these mountain valleys is not an easy one. Almost any village has its story of the storm which was so bad that the midwife could not reach the waiting mother high on the hillside till three men had gone ahead to tramp out a path, or

of the winter when she was marooned for days with her patient because the snows followed and overtook her there. Her devotion is recognized, but her prestige is shifting its base. Formerly she was a "wise-woman," as the French call her, in the same sense that a medicine-man was a tribal authority—she knew the local superstitions root and branch, and made full use of them. Now she begins to be the spokesman of new ways. Instead of reminding the mother to bite off the child's finger-nails because cutting them would probably result in its early death, she assures her that such practices are meaningless, and goes on to talk boldly of modified milk and even of fresh air. When this change comes about—and it has not yet happened in the case of some of the older women who have borne many children themselves and have grown gray in service—the midwife needs all the support she can get. Field supervision thus reinforces the outposts of child health in Tyrol.

This work, which is still unique in Austria, remains unofficial, though it is administered by a strong semi-public agency. In 1927, at the earnest behest of the Commonwealth Fund, the *Fürsorgerin* on the job took the midwife training course, so that she is now equipped to extend her supervision over the whole range of midwifery and child care. It is hoped that her work, now understood and accepted throughout the province, will become part of the official public health system. In any case it points the way to an important extension of health service in a field which is still beyond the reach of the child health station and the ordinary machinery of child care.

Chapter Five: VORARLBERG

Of all the separate provinces of Austria, none is more dramatically set apart than Vorarlberg, pocketed between Bavaria, Switzerland, and Liechtenstein, and shut away from Tyrol and the rest of Austria by the huge bulk of the Arlberg. Before the war the province shared with Tyrol an imperial governor and certain other officials, including its health officer. But the Vorarlberger out-Tyrols the Tyrolean in his sense of local independence, and after the war even this slight link was broken. In 1925 the province had the satisfaction of sending its own health officer to Vienna to become head of the health section of the federal ministry of social welfare.

The 140,000 inhabitants of Vorarlberg come of different Germanic stock from their Austrian fellows, and share with the Swiss across the Rhine an energy and a talent for business that give the province a prosperous air and have kept it relatively free from unemployment. The broad flat valley which lies between the mountain barriers and the Bodensee is fertile and well-tilled, while the uplands enrich the province through the exportation of cheese and importation of tourists.

Vorarlberg is, however, almost a classic example of what in America is called the goiter belt, its mountain-fed streams carrying only negligible amounts of iodine. In the course of a national survey in 1923–1924, 60 per cent of the boys and 63 per cent of the girls in the 206 elementary schools of this province were found to have goiter; in the ten schools of one mountainous district the incidence was 90 per cent for boys and 92 per cent for girls; and single small schools showed 100 per cent.

Even before this the provincial health department had taken steps to attack the problem through giving iodine tablets to all

school children. When the Commonwealth Fund made its first contact with the province in 1924 the goiter investigations had taken doctors into the schools and regular medical examinations were being established, and with this control the distribution of iodostarine tablets[1] had been begun. One tablet was given to each child each week.

The interest of the provincial health authorities was centered in this campaign, and the preliminary results were favorable. The Commonwealth Fund therefore undertook, as its special contribution to child health promotion in Vorarlberg, to continue the experiment throughout the province, in the face of rising costs which made it difficult for the government to bear the expense alone. Approximately 20,000 children were thus treated for four years, with some help from the government, and the province then took over the entire service. A study of the results of the five years' work was made by Hofrat Professor Dr. Julius Wagner-Jauregg, a goiter expert called into consultation by the federal department of health, which hoped to find here a precedent for similar work elsewhere in Austria. This study is published separately,[2] and the findings need only be summarized here.

In 1927–1928, the fifth year of the project, the incidence of goiter of all types among elementary school children had fallen to 32 per cent for boys and 35 per cent for girls—little more than half the incidence reported in 1923–1924—and goiter of the most severe type had almost disappeared. Among secondary school boys the general reduction was even greater, but the more advanced types of goiter did not yield to treatment to the same extent as with the younger children. Some of the reductions are perhaps to be credited in part to the use of iodized salt in home cooking in the larger towns. "The census of goiters according to sea-level," writes Dr. Wagner-Jauregg, "shows that goiter increases with increasing altitude; unfortunately investigations in this direction could be made only for the years 1927 and 1928, so

[1] Each containing .005 gram of iodine compound.

[2] Sektionschef Dr. Thomas Scherrer and Prof. Dr. Julius Wagner-Jauregg, *Die Kropfbekämpfung in Vorarlberg: Erfolge eines fünfjährigen Versuches* (New York: The Commonwealth Fund, 1929).

that no decisive conclusion can yet be drawn as to the relation of sea-level to the result of anti-goiter treatment."

The statistical facts are a little cold, however. To get a picture of this piece of health work, one must go into the schools themselves, and not merely into the city schools of Bregenz and Dornbirn and Feldkirch, but up the tortuous valley roads into the close-shingled weather-beaten school-buildings of the small villages. Here one will find a roomful of urchins seated four by four at home-made ink-stained forms such as might have graced Dotheboys' Hall. Cheeks will be red, and eyes snapping, in spite of the heavy woolen clothing and the windows shut tight, for the most part, against the fresh spring air. Even the strain of laboriously forming German script in a fine pinched hand with a sharp slate-pencil or sharper steel pen has not dulled the energy of these peasant children, whose life outside the classroom is so simple that school fatigue seems powerless over them. Boys in a medley of sweaters and short, long, and middling trousers, often in their stocking feet while the sabots stand neatly outside the door, girls with tousled pig-tailed heads and dark aprons over their darker dresses, come up to the high desk one by one to take their tablets from the teacher—a care-worn middle-aged man, perhaps, in the younger grades, a wimpled sister in some of the classes for older girls. Even the boy whose mother has pierced his ears for tiny gold ornaments to protect his eyesight takes his tablet like the rest: here the old superstition and the new science march comfortably shoulder to shoulder.

However useful, this goiter campaign is hardly a complete school health program, and even the annual examinations by the community physician, without consecutive effort by teachers and home visitors, fall short of real effectiveness. In the villages it is hard to supplement the doctor's work, but it seemed clear that if the *Fürsorgerin* could be brought into the health picture in the larger cities, and the teacher could be helped to use the classroom for health teaching, something more might be accomplished. Accordingly, after the goiter campaign had run for a couple of years, a beginning was made in the demonstration of further school

health services. One additional *Fürsorgerin* was offered to each of the two principal cities, Bregenz and Dornbirn, on condition that the community use the new worker in school activities and keep an open mind as to her employment for the same purpose when the subsidy was withdrawn. Both cities took plenty of time to think the matter over, and both eventually accepted the offer. In Bregenz the experiment came to nothing, since the new *Fürsorgerin* and the one already attached to the child health station failed to work out any successful plan of cooperation. In Dornbirn, however, the new helper was cordially received by the provincial *Oberfürsorgerin*, who centered her work there, and by the station *Fürsorgerin*. All three shared informally in the full program, helping in the child health station, making follow-up visits to the babies and young children, and reinforcing the annual medical examination of school children by home visits and, wherever they were encouraged to do so, by direct consultation with the teachers. The request of the town for help in constructing a school bath met with a favorable response from the Fund, which agreed to pay half the cost of the bath if the school *Fürsorgerin* were permanently employed. This was wholly satisfactory to the community and the province, which approved the extension of *Fürsorgerin* service, and after two years' subsidy the new worker was taken over.

A modest beginning was made in broadening the health work of the classroom by sending nine teachers from the same two cities to Salzburg to study school health work there. The results were particularly successful in the case of one teacher in Dornbirn—one of the few woman teachers in the province in charge of a mixed class of small boys and girls. This teacher had already come voluntarily to the health station to learn by practice something of child care, since she was required to take an examination in hygiene if she wished to qualify for appointment as a teacher in the higher schools. Her visit to Salzburg, added to her personal contact with the energetic *Fürsorgerinnen*, made her an enthusiastic leader in school health work. With the support of her principal, who was led to share her interest, she introduced

the drinking of milk in the classrooms and began some health teaching on her own account. Now two-thirds of the children in this school drink milk daily, half of them at the expense of the cotton-mill which employs their parents, and the *Fürsorgerinnen* find much to do at the school because the teachers work with them in following through the cases of children who need corrections. Quantitatively this development in a single school may be unimportant, but as an example of the contagion of health ideas it is significant.

In Vorarlberg the *Fürsorgerinnen* have an unusually good opportunity for health teaching because the pressure of routine social cases is much less than in other provinces. Illegitimacy is infrequent,[1] and under conditions which elsewhere in Austria would lead to the placement of a child with a foster mother, the Vorarlberger is more inclined to keep the child at home with a grandmother or other relative. So there are few foster children to supervise, and the province has no *Jugendamt*. If such an office were established, it might conceivably find opportunities for this type of service which are not now apparent, but at present the emphasis is squarely on health work. Some of the nine *Fürsorgerinnen* in this province find time to do more instructive nursing for sick children than is usual elsewhere. Dornbirn, where the reception and weighing room fairly bursts with babies three times a week, and the *Fürsorgerinnen* talk with each mother about the feeding and care of her child, offers an impressive example of the use of a child health station as a center of continuous health education. The *Krankenkassen* and private agencies in Vorarlberg contribute liberally to such work, and the number of stations is increasing. Three small villages close to the Swiss frontier, with a population of six or seven thousand among them, have recently united to set up a station and employ a *Fürsorgerin* without help either from the federal government or from the province. Such independence and initiative augur well for the future of child health supervision on the other side of the Arlberg.

[1] In 1927, the last year for which statistics are available, 8.9 per cent of the births in Vorarlberg were illegitimate, as compared with 25.2 per cent for all Austria.

Chapter Six: STYRIA

"GREEN STYRIA" and "singing Carinthia," once Roman provinces, are the southern marches of Austria. In Graz, capital of Styria, one looks southward, eastward, backward. Stroll to the top of the Schlossberg—the hill once crowned by a fortress that Napoleon rased—and the orientation chart which is thoughtfully provided for visitors leads the eye toward Constantinople, Athens, Rome, all nearer to Graz than New York is to Indianapolis. Peer into the omnipresent courtyards and the lazy sunlight is broken into a charming pattern of shadow-and-cream by arches and loggias borrowed from the Italian Renaissance. Visit the Zeughaus, and the past is startlingly present in racks and racks of well-kept armor, spears, swords, arquebuses, stored there for centuries, enough for 3,000 men, and still ready for use should time fall once more into step with Styrian memories.

But generalizations in Austria are always perilous, and to correct this view of Graz one has only to happen on a May Day in this ancient city—and so to hear the tramp of Socialist feet and to see men, women, children, horses, street-cars, buildings, blossom out in Socialist red. Here the past is shoved aside. Styria once rid itself of its nonconformists, when the Counter-Reformation drove many Protestants from their homes and left the province to those who could accommodate themselves to circumstances. But the new industries which have made Graz and certain other towns as "red" as the Styrian valleys are green have brought a fresh issue and a fresh hint of irreconcilable conflict.

Before one tries to understand the fashion in which Graz and Styria do their health and social work, it is well to visit the fifteenth century palace in Graz and ponder the famous double stairway—which goes both ways at once! Between politics and

professional service, between health and social objectives, Graz clings to a difficult compromise.

Child health work of the modern sort was begun in Graz by a private organization before the war, and spread rapidly over the province during the years of food shortage, when by semi-official arrangement the stations became distributing centers of milk, flour, and sugar. When the emergency passed and this powerful leverage on public interest was lost, the health work was slipped into permanent place under the authority of the provincial health officer. Though Styria has, technically, a *Jugendamt*, it is an office without field workers, and the health department *Fürsorgerinnen* share with the public guardians the task of supervising dependent and foster children—an arrangement which contrasts sharply with the intensive development of the *Jugendamt* in most of the other provinces. With the *Fürsorgerinnen* of the provincial health stations the Commonwealth Fund has had only the general contact which is involved in its national child health stations and scholarship programs. The *Oberfürsorgerin* appointed by the American Red Cross and later employed by the Fund was taken over as a provincial official in 1927—and Styria thus became the only province in which such supervision is a function of the health department. Medical supervision of the health stations remains in unofficial hands. On the initiative of the inspector, all the station physicians have been given an opportunity to visit Salzburg and study its work as guests of the Commonwealth Fund. Under his guidance, also, an unusual scholarship arrangement gave two young medical graduates an opportunity to spend a year in Graz in the study of pediatrics as a preparation for future child health service.

II

The history of the Fund's relations with the city of Graz falls into two sharply divided episodes. When Austrian cities were first studied with a view to the establishment of a child health demonstration Graz appeared to offer exceptional facilities for this purpose. Its university was a center of medical and nursing

education; its children's hospital had a wide reputation; the provincial hospital, which had been aided by the Rockefeller Foundation just before the war, was well equipped; a city *Jugendamt* was active and had already developed school medical examinations; there were four child health stations, a tuberculosis agency, three public and private institutions for the care of mothers and children, and a *Fürsorgerin* school. The authorities welcomed the suggested program for the enlargement and coordination of the child health activities and promised that the community would carry on the new work after the demonstration.

By the beginning of 1924, therefore, tentative plans for the demonstration were being made. A local executive committee brought together two representatives of the city—the head of the *Jugendamt* and an executive physician from its staff, two representatives of private or provincial activity—the head of the tuberculosis organization and the head of the children's hospital, and a representative of the Commonwealth Fund. The program was to be built around the city *Jugendamt*. The *Fürsorgerinnen* of the *Jugendamt*, the child health stations, and perhaps the tuberculosis association, were to be pooled in a generalized service.

The city made available, in the building housing the *Jugendamt*, a suite of rooms which were remodelled and equipped at the expense of the Fund to serve as demonstration headquarters. Here an impressive central health station was created, with the administrative and statistical offices of the demonstration, the *Jugendamt*, and the combined staff of *Fürsorgerinnen*, a large central waiting room, a baby and preschool health center, a tuberculosis station with X-ray and laboratory rooms, and facilities for the examination of school children.

The demonstration was formally opened in October, 1924, with a *Jugendamt* physician as its medical director. The work of the child health stations continued without important changes in method; medical examinations of the older grades of school children were transferred to the central health station; the tuberculosis organization found its work strengthened by the new diagnostic equipment given by the Fund. The twelve *Fürsorgerinnen*

employed by the *Jugendamt*, four employed by the organization which ran the child health stations, and four employed by the Commonwealth Fund, were brought together as a joint staff and reassigned to twenty districts for generalized service. The American nurse who later became assistant director of the Fund's Austrian work was loaned to Graz to develop this generalized service and after some delay became its nominal executive.

With this nurse acting as first assistant to the clinician from the maternity hospital, prenatal consultations were soon begun at the central health station. Luetic mothers and babies found in the prenatal and health station work were referred to the hospital for treatment. New equipment was purchased for the school dental clinic. A quantity of cod liver oil was made available at less than cost to poor families whose babies were enrolled at the health stations. The staff of the *Mutterheim*, an institution chiefly for the care of mothers before and after the birth of their illegitimate children, was strengthened to provide better care for both mothers and babies. Medical students, undergraduate and graduate *Fürsorgerin* students, and midwife students began to make use of the health station as a center for practice and observation. A visiting nurse service was projected. In all these ways the demonstration developed according to schedule.

The core of the unified program was the generalized staff of *Fürsorgerinnen*. Here, from the beginning, difficulties arose. Within the group employed by the *Jugendamt* there were two political factions, so hostile that neither side would accept a supervisor from the other, and the dilemma had been met by the appointment of two coequal representatives, one from each party, who advised the director of the *Jugendamt* on administrative questions! But the *Fürsorgerinnen* of the *Jugendamt* were united in feeling that they knew more about proper child care than those employed by the child health stations—and their attitude was reciprocated by the latter. The plan to include the tuberculosis service in the generalized program was, fortunately, not attempted, for the cross-currents between the two groups who were attempting to work together were quite sufficient to wreck the program.

The American supervisor, despite her advantage of neutrality and of personal popularity, was unable to weld them together, and when the interference of the *Jugendamt* became so marked that even the *Fürsorgerinnen* employed by the Fund itself were hampered in their work, the situation was seen to be hopeless. The Fund therefore proposed a reorganization which would have separated the *Jugendamt* staff from the health *Fürsorgerinnen* and would have set up a generalized health service in the latter group. When this was refused by the city, the Fund withdrew and closed the demonstration on March 15, 1925.

The underlying factors which gave this immediate issue its importance were similar to those which have limited the Fund's participation in the health work of the city of Vienna, though in the latter case direct conflict has been successfully avoided. Graz, like Vienna, is a city in which industrial workers hold the balance of electoral power, and where the municipal government is Social Democratic. The province of Styria is of the opposite political faith. The private agencies in Graz feared that the city would forcibly absorb them, in accordance with the prevailing Social Democratic policy of concentrating health and social work in the government. The city was evidently so reluctant to share control of the welfare machinery that genuine cooperation was impossible. At bottom there was a deadlock between two conflicting theories of social action; personal antagonisms complicated the situation; and on the surface it was evident that, as an Austrian observer put it, "It is not very desirable to mix politics with public health."

III

This debacle aroused no small public discussion; health work received much publicity in the newspapers; and the city decided promptly to continue according to its own best lights the program which had been begun, using the central health station and equipment which the Fund had turned over to it. The *Fürsorgerinnen* paid from American funds, six in all when the demonstration ended, and four previously employed by the *Verein* which ran the

health stations, were taken over by the city; the prenatal station was maintained as before; the tuberculosis program, under private auspices still and with its own nursing and *Fürsorgerin* staff, was carried on at the central station. By 1929 the city had increased its *Fürsorgerinnen* to twenty-four, and still ran a "generalized" service without a supervisor. The original four child health stations were maintained by the private agency which established them, with a city subvention and with city *Fürsorgerinnen* in attendance. Control by the *Jugendamt* has interfered somewhat with the health aspect of the *Fürsorgerinnen's* work, but the machinery is still running.

The end of the demonstration left dangling the visiting nurse service, which the Fund had planned to introduce through a private agency, the Soziale Bereitschaft. This society—of a type familiar in the United States a generation ago—was the creation of a capable woman who, though nearly bedridden, had interested herself in social welfare. Originally formed to combat juvenile suicides, it found its way eventually to a number of philanthropic projects—direct relief, the sale of home handwork, "meetings with lectures and music in order to reassure the poor and lonely that they are not abandoned," and a *Tagesheim* for school children in their leisure hours. It was a private agency that managed to keep going and was thus a useful channel for the projected experiment.

The director of the Soziale Bereitschaft was deeply disappointed when the collapse of the demonstration seemed to block the nursing plan. Taking the modest sum of $162.50 (which the Fund paid in liquidating its commitments to the society) as her working capital, she hired a graduate nurse and began the service independently. Unlike Salzburg, Graz responded immediately to the opportunity of securing hourly nursing. Within five months thirty-five patients had been enrolled and their fees had paid a third of the nurse's salary and expenses.

In the face of this showing the Fund then granted the society a small subsidy—enough to pay salary and transportation for one nurse—for a limited period. Newspaper announcements brought

plenty of private cases, and after the children's hospital had begun to call on the nurse for follow-up visits to discharged patients there was more work than one nurse could do. A second was employed, and later a third. A subvention from the children's hospital, a small gift from the city, patients' fees, and the Commonwealth Fund kept the work going till 1929. Then the Fund withdrew, the society employed a fourth nurse for night and more extended day duty, and the fees and local appropriations together carried the full budget. The equivalent of one nurse's time is devoted to the children's hospital; two are doing hourly nursing of the familiar American type. Few comparable instances of successful pioneering by a voluntary agency have been evident in Austria since the war.

With the children's hospital the Fund had a long series of interesting contacts. The director was from an early stage a member of the Fund's general Austrian committee. When the work in Graz was begun the hospital was, like nearly all such institutions, in grave need of ordinary supplies and repairs. A special grant paid the cost of new linen for the nurses, the installation of a suitable milk-kitchen, new facilities in the out-patient department, and other improvements. Later gifts were used to remodel an infants' ward to provide a modified cubicle system for isolation. The effect of the changes was so marked that the hospital authorities were moved to seek money from other sources to make further renovations, and a large fund raised by school children throughout the province made it possible to remodel and redecorate the halls and corridors. The net result was a material change in the appearance of the entire building.

Graz is so important in its influence on medical and nursing standards throughout the southern provinces that it seemed to both the director of the hospital and the Fund that an effort should be made to strengthen the facilities of the children's hospital for nurse training. Without a teaching nurse, and with badly overcrowded quarters for students, good work was greatly hampered. The hospital director appealed for an appropriation to introduce the teaching nurse, which his board was not then ready to do, and

the money was promised if the living quarters for students could be improved. After laborious study of the architectural possibilities a suite of rooms of a comparatively comfortable sort was contrived, at the Fund's expense, in what had previously been an attic. A teaching nurse was engaged, and the reorganized school was opened. After the Fund had paid her salary for something more than a year, the results were sufficiently effective to convince the hospital organization that the position of teaching nurse should be made a permanent one.

At the provincial hospital, where a midwife school is run in connection with the obstetrical department, the staff of this department has interested itself directly in child care as a means of increasing the usefulness of the midwives. Midwife students are assigned to the *Mutterheim* for training in the elements of child health. This relatively advanced school, which has been able to secure a teaching nurse for itself, was aided by a small gift of teaching material and by scholarships for staff workers. Scholarship trips which brought the teaching midwife and midwife supervisor from Innsbruck to Graz resulted in a stimulating exchange of ideas between the two centers. While Styria has not yet seen its way to provide repetition courses or field supervision for its older midwives, the new graduates, year by year, are better trained. In the rural child health stations the effect of this teaching is already felt in the cooperation which begins to develop, here and there, between the midwife and the *Fürsorgerin*.

On the billboards of Graz Social Democratic posters show children stretching out their hands to the passer-by. "Vote for us," they say. When child care becomes good politics, it is perhaps ungenerous to ask whether it is also good child care. Styria, "green" and "red," is committed to the promotion of child health; one looks forward from Graz as well as back.

Chapter Seven: CARINTHIA

In the *Keller* which occupies the basement of the provincial capitol in Klagenfurt a painter-priest has brought together in a mural decoration all the essential elements of a Carinthian heaven. Some of his figures sing, some drink; a father and mother welcome their son home from the wars; the urn which held the ballots that saved southern Carinthia for Austria after the war is there; a chamois waits to be hunted; and all around the fringe are amiable cherubs. Some of these cherubs have wings; they are the legitimate children. There are many without wings.

Carinthia is the province of which one hears everywhere in Austria because almost every other child is born out of wedlock. The rate of illegitimacy—41 per cent in 1927—is far in excess of the average for Austria. It is not wholly clear why this is so; the cause may lie partly in the unstable temperament of a people in whom Slovenian and Italian and German blood is mixed; partly in an economic system which makes it hard for the farm-hands to accumulate enough money to marry, though their relationships are often as stable and permanent as marriage; partly in the old-world habit of insuring the fertility of a marriage by experiment;[1] partly in a social order which has never developed far from the soil; partly in a philosophy which is summed up in the dialect expression *lai lass'n*—best translated by a shrug of the shoulders and a twinkle in the eye.

Carinthia has the name of being the most backward of all the Austrian provinces save the newly acquired Burgenland. Toward the southern border, marked by the rugged summits of the Karawanken, the Slovenian mixture is most prevalent and, though

[1] A peasant is often unwilling to marry a woman until she has borne him a male child.

the peasants here voted to remain in Austria rather than to join Jugoslavia, the common speech is Slavic. Large farmsteads with many field-hands are common; here life is at its simplest. The Carinthian farmhand often refuses to live in the cabin which the proprietor builds for him, and takes to the barns and haylofts in preference. Children—even on farms where quarters are provided for them during the long days while their mothers are at work in the fields—are likely to grow up with the pigs and cattle as their daily companions. A curious literal piety still leads a mother here and there to choose the stables as the place where she bears her children, in memory of the manger at Bethlehem.

Everywhere in Austria the balance between health and social work is a delicate one. Here one would expect the enormous illegitimacy rate to be reflected in a social program in which the care of the public wards would overbalance health services. But such is not the case. There is a provincial *Jugendamt* and also a city bureau in Villach, but the child health stations outside Klagenfurt are by no means neglectful of health supervision and a woman physician has been appointed to the *Jugendamt* staff to develop and standardize school medical examinations. In Klagenfurt there happens to be resourceful leadership which has developed one of the soundest and most advanced pieces of public health organization in all Austria.

Thanks to the social initiative of a city health officer, now retired, and his associates, Klagenfurt has had for years a child health station, school medical examinations, a school dental clinic, a tuberculosis station, and a venereal disease program—with a staff of *Fürsorgerinnen* responsible to the city health department and giving generalized service. These, together with a prenatal station set up later with the help of the Commonwealth Fund, are linked together in a system of mutual reference, interlocking reports, and unified home visiting which makes the ensemble in Klagenfurt—in everything but name—as impressive a demonstration of integrated child health work as anything Salzburg can offer.

The child health station in Klagenfurt harks back to a milk depot, where children were casually examined, which was opened

in 1911 on the initiative of the city health officer and functioned until 1914. Though this lapsed during the war, it paved the way for the beginning of regular health supervision for babies at the present station, which was set up by the American Red Cross in 1921 along with six others to serve the rest of the province. School medical examinations in the younger grades were begun as early as 1907; in 1919 systematic school examinations were begun as a corollary of the child-feeding work, and they have been continued as an essential part of health department service. The tuberculosis station was founded by the Austrian Red Cross in 1917 and later revived by a private organization; medical service at the station was given first by a clinician from the provincial hospital, and then, when this arrangement had to be discontinued, by one of the three city physicians. The city health department thus came to have a stake in the station which it still holds, though the present clinician comes from the hospital. The venereal disease program, begun about 1921 with federal aid, was carried on cooperatively by the hospital and the health department.

The first *Fürsorgerin* in the city was employed by the American Red Cross for its child health station, in 1921. A year later the city employed another. A third was added in 1924 with help from the Society of Friends, in connection with the tuberculosis station; a fourth was introduced by the Commonwealth Fund in 1926 and taken over by the city in 1928. Since 1922 all the *Fürsorgerinnen* have served all the major health agencies, dividing the city for home visiting, and working together at the tuberculosis station, the child health station, and later the prenatal station, so as to keep in touch at all times with their own particular group of families. The three doctors of the health department have run the child health station, have made the school examinations, have participated in tuberculosis and venereal disease control, and have still found time to give free care to the indigent sick and to carry on the routine sanitary activities of the department.

UNITY in health work was thus an accepted theory and a familiar practice in Klagenfurt before the Commonwealth Fund came to Austria. American service here has been to point out ways in which a good piece of work could be made better, to strengthen the individual agencies and to suggest new links between them, rather than to initiate new activities or to propagate the idea of coordination. Here, as elsewhere, money has been given as a lever to ease new types of work into place, but only a short lever was needed. Klagenfurt has asked, and accepted, direct technical advice more often than money.

Such gifts as the Fund has made in Carinthia have been devoted chiefly to the betterment of the services of the provincial hospital which lies just outside Klagenfurt and plays an important part in the city's health work. The first point of contact here was the maternity department, where an energetic director had newly taken charge when the Fund first came in 1924. This physician found the hospital in sad need of supplies and especially of surgical equipment, and was eager to modernize his old and ineffective plant. The Fund made a grant of $800 to supply the major deficiencies in equipment, and the director, using this as a lever with the provincial authorities, secured a government appropriation to remodel the operating room. Later, as has already been noted in the chapter on special grants, the Fund gave money for teaching material in the midwife school and the province responded with an appropriation to make over the lecture hall. In 1926 the director of the maternity hospital wrote, "I cannot say but that my institution has a very different appearance as a result of the appropriations granted by the Commonwealth Fund and the provincial government. The provincial government, seeing real results, will also assist the work in the future." The prophecy was justified; shortly afterwards the province, without help, built a second operating room, and the director was able to install the first elevator in the hospital for the better service of his patients.

The maternity clinic cares for about one out of eleven of all

Ewing Galloway

HEILIGENBLUT, A VILLAGE IN CARINTHIA

THE OLD CHURCHES OF MARIA-WÖRTH IN CARINTHIA: MANY OF THE TOMBSTONES BEAR SLOVENIAN NAMES

the births occurring in Carinthia; nearly all the rest are attended by midwives. When the midwives were surveyed in 1927 about half of those in active practice—347 in all—were over fifty years old, twenty-two were over seventy, and six of these were over eighty. The older women, working under the primitive conditions which obtain in rural Carinthia, are beyond the reach of further training, and since there is no means of pensioning them they must work as they do now until they can work no longer. But the younger women are teachable. Carinthian law required the midwives to report at intervals for review courses at the midwife school in the provincial maternity hospital, but there was no money to pay the expense of such courses and the law was a dead letter. In 1924 the Fund paid three-fifths of the cost of a summer review course for which 45 midwives applied and 25 were accepted. A second was given in 1926, and the province has borne the entire cost of three subsequent courses. These have been used not merely to brush up the midwives' obstetrical technique, but to give them some idea of public health: in the 1926 course, for example, the head of the eye department and the children's department in the hospital lectured to the students; the *Oberfürsorgerin* discussed welfare work; and at the request of the midwives themselves a tuberculosis specialist also addressed them.

The basic training course in midwifery has also been strengthened by increased emphasis on child care. At first the midwife school used the wards of the maternity hospital for this purpose, and the Fund bettered the teaching facilities there by installing a new milk-kitchen and a small isolation room for babies with communicable diseases. Later negotiations were begun for the use of the head nurse, a staff physician, and the wards of the children's department to teach the midwives how to care for children.

These negotiations, incomplete at the time when this report was written, would have been impossible in earlier years because the children's department was then so far below reasonable standards of nursing and housekeeping. Nursing was done by untrained attendants and the wards were ill-kept. The director of this department was eager to secure new equipment and replace-

ments, but the Fund could not see its way to provide them until standards were improved. Under this stimulus the director secured a well-trained head nurse, cleaned up the building and gradually raised the level of administration. In view of this improvement the Fund made an appropriation, in partnership with the province, to provide a new milk-kitchen and to remodel a suite of rooms into a well-baby ward, promising to employ a teaching nurse for a year when these changes were complete so that a school for children's nurses could be established. Owing to certain untoward circumstances the new quarters were not fully ready when the Fund wound up its Austrian program, but the hospital is committed to the appointment of the teaching nurse.

One other grant was made to the provincial hospital. An eye-specialist of wide reputation was in charge of a separate department to which came many child patients who, though they needed treatment for their eyes, were otherwise as well as any other children and rather more restless. The hospital had only a tiny balcony and the ordinary wards and corridors as play-space for these youngsters, and the Fund contributed toward paying the cost of building alterations to provide an ample playroom with porches for use in good weather. The greater part of the money came from the province.

The one entirely new piece of health work introduced in Klagenfurt during this period was the prenatal station. The Fund provided equipment; the city health department found space for the station in its own offices, close by the child health station; a staff physician from the maternity hospital gave his services as clinician without extra pay. The city *Fürsorgerinnen* assisted at the prenatal examinations and made home visits to the mothers. This addition to their work made it necessary to employ a fourth *Fürsorgerin* (at first at American expense), but the service remained fully generalized. Arrangements were made for the *Fürsorgerinnen* to attend lectures at the midwife school, where the *Oberfürsorgerin* was already doing some teaching, and the director of the maternity hospital has given some help in publicity for the prenatal service. Mothers who are examined at the station and

subsequently delivered in the hospital have the advantage of consecutive care from the same physician. The *Fürsorgerinnen* have interested one midwife to the extent of bringing all her patients to the station; attendance is reasonably satisfactory.

The part played by the Fund in the building of a tuberculosis house has already been traced in another connection.[1] The X-ray apparatus installed in the new house, which was opened for use in 1928, has made it possible to link up school examinations and tuberculosis service in an unusual way: every child entering the public schools of Klagenfurt has an X-ray chest examination, and children showing unfavorable indications are promptly taken up on the tuberculosis records, followed up by the station, and referred to the provincial hospital when treatment is necessary. This routine will be extended to the second grade this year. A proposal that the *Fürsorgerinnen* should attend special courses and do practice work in the tuberculosis department of the hospital was carried into effect after some difficulties, but the new clinician from the hospital who began to serve the station about the same time was not convinced of the value of generalized *Fürsorge* and some special effort has been necessary to keep the system running smoothly. A six months' scholarship for the clinician helped to expand his public health horizon and though one of the four *Fürsorgerinnen* is employed chiefly by the tuberculosis organization, the unity of the staff is carefully safeguarded by the city health department.

With the city health department and the *Fürsorgerinnen* the Fund maintained close and friendly relations. The venereal disease work was aided by the gift of salvarsan, which enabled the city doctors to extend anti-luetic work generally and in particular among the mothers who came to the maternity hospital, and later by the gift of apparatus for making the Meinicke test, a simpler alternative for the Wassermann test which is especially useful in working with infants and school children. All the *Fürsorgerinnen* and two of the three city physicians have had scholarships. The Fund helped in the detailed organization of district service for the

[1] See page 42.

child health station. Because houses in Klagenfurt are even more seriously overcrowded than is usual in Austrian cities, the Fund provided a set of small collapsible beds, which the station rents out at the equivalent of twenty-eight cents for six months, so that babies and youngsters will not have to sleep in the same bed with their parents. The *Fürsorgerinnen* were encouraged and helped to begin mothers' classes in child care, which have been held in connection with the child health and prenatal stations and at housekeeping schools which are part of the city's adult education program.

The set-up of child health work in Klagenfurt is worth recapitulating. The present scheme is something like this:

A city health department taking full administrative responsibility for child health service, with a staff of three doctors, an *Oberfürsorgerin* with a small district (who also exercises supervision over provincial *Fürsorgerinnen*), and three city *Fürsorgerinnen*, one of whom is subsidized by the Tuberculosis Verein.

A child health station served by a city physician and the city *Fürsorgerinnen*, with district follow-up and cross-reference of children needing special care to the tuberculosis station, the venereal disease clinic, and the children's department of the provincial hospital.

School medical examinations by the city physicians, with assistance and home follow-up by the *Fürsorgerinnen*, with all first-grade children referred to the tuberculosis station for X-ray chest pictures, and with all children referred at need to the tuberculosis station, the venereal disease clinic, and the children's department of the hospital.

A school dental clinic with a part-time assistant, served by local dentists in rotation, examining all school children and giving free treatment to the indigent.

A tuberculosis station directed by a clinician from the provincial hospital, with assistance from a city physician as required, providing diagnosis and home follow-up for active cases and contacts of all ages, using the city *Fürsorgerinnen* as its field agents.

A venereal disease clinic at the hospital, with a control system directed by the city health department and follow-up of delinquent cases by the *Fürsorgerinnen.*

A prenatal station at the city health department, served by a clinician from the maternity hospital and the city *Fürsorgerinnen*, and referring patients at need to the venereal disease and tuberculosis clinics.

A provincial hospital in which the children's department and other departments at need cooperate in the correction of children's defects, in which the maternity department and the tuberculosis department supply clinical service

to the local health agencies, in which the maternity department trains midwives, and in which the skin department maintains, with federal and city aid, a venereal disease clinic.

III

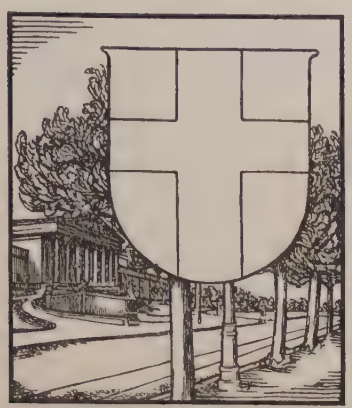
With the provincial welfare authorities the American staff began to cooperate somewhat later than with the hospital and the city health department. The head of the provincial *Jugendamt* took the initiative in establishing medical examinations in the schools of Carinthia, and after administrative responsibility for this service had been lodged in his office and the examinations had been authorized by law he asked for scholarships to prepare district physicians for their new duties. These the Fund gave, arranging a special course of two weeks in Graz and two weeks in Vienna, and helping the *Jugendamt* at the same time to work out a simple system of administration. The *Jugendamt* appointed a woman physician to develop and supervise school health activities, and the executive committee of the "hundred stations" designated her to act also as its representative in supervising the child health station doctors. The Fund gave model equipment which was set up in her office as teaching material so that she could help the district physicians to improve their examination technique, and sent both her and her chief, the head of the *Jugendamt*, on scholarship trips. For the provincial *Fürsorgerinnen* the Fund provided a small travelling exhibit to illustrate child care.

Unified health service comes about more slowly in the provinces than in the cities. In Carinthia an old law provided for a committee of advisers to guide the province in its welfare activities. At the suggestion of the Fund a group of consultants was brought together under this law in the spring of 1928 to lay the foundation for team-work. While the committee has not yet met a crisis which has tried its mettle, and so remains a potential rather than an actual asset, it has already set an important precedent by including in its membership not only the *Jugendamt*, the health departments of the province and of Klagenfurt, the Red Cross and the provincial hospital, but also representatives

of the *Krankenkassen* and the midwives' organization—two important groups which are often left outside the framework of official cooperation. It has attacked the problem of health publicity by planning a general exhibition of health and social work.

Carinthia is well on the way toward the advanced outposts of health work in Austria. The professional workers are alert, progressive, and for the most part closely united. The political authorities behind them, to an unusual degree, are well-informed as to welfare and public health principles and are soundly committed to the maintenance of cooperation. For instance, the city is now about to build a *Kinderheim* for the temporary care of dependent children and mothers with their illegitimate babies. The welfare department has taken it for granted that the city health officer will be responsible for the medical standards of the new institution. The Fund has been able to build up some parts of this picture, and to bring the hospital and the city health work a little closer together, but Klagenfurt is an excellent illustration of the generalization with which this report began: American initiative has been needed only to help in clearing the way for a thoroughly Austrian enterprise.

Chapter Eight: VIENNA



VIENNA is the crowning anomaly of post-war Austria—a city with an imperial past and a Socialist present, a world-capital with a tiny republic to govern, a metropolis surrounded by burghers and peasants. *Einmal war Wien ein' Kaiserstadt,* runs a popular song of recent years; Vienna remembers how gracefully she made the imperial gesture in her day. The past is bright, but the present and future are bewildering and obscure. Neither Fascist nor radical has been able to offer a clue to the economic destiny of a city of nearly two million in an Alpine country of six million and a half.

But while the grandiloquent "new palace" left unfinished when the war came still stands incomplete and empty, and the jewels in the smart shops of the Kohlmarkt lie untouched in the window month in and month out, waiting for Hungarians or Germans or Americans or Englishmen to come and buy, Vienna is by no means static. The Social Democratic city has run the gamut of experiments in taxation and has pioneered in municipal enterprises—housing for instance—in a fashion that arrests the attention of all Europe. Great tenements, as bold in architecture as they are in economics, proclaim their origin in staring red letters—"Built by the city of Vienna out of the proceeds of the dwelling-tax."

The health and social work of Vienna, too, is controlled by Social Democratic principles and practice, and the history of its child health services in the past decade hinges on the issue of public *vs.* private administration. When the Commonwealth Fund began its health program, there were forty-eight child health stations in the city which owed their origin and their support to three private agencies, and twelve maintained entirely by the city. The private stations were unable to pay their way without

subsidy, and the Friends had been meeting the deficit. The situation was unpromising, because the city was firm in its refusal to subsidize the private stations, which, it maintained, were under influences opposed to Social Democratic principles, and also because there was no immediate hope of making them permanent. On the other hand, the doctors who had devoted themselves to building up these private stations for twenty years strongly desired that they be continued as examples of proper standards of work.

Under Commonwealth Fund leadership, conferences were begun to clarify the situation. A beginning was made by reducing the private stations to thirty, while the city increased its own stations to occupy the fields left vacant. Efforts to increase the revenues of the private stations were partly successful; some stations encouraged the mothers themselves to pay a small membership fee. The stations of the third group, a semi-religious organization known as the Caritas Verband, were never in danger because they received special subventions from the national government as well as from the parishes. But the rivalry between the city and the private agencies remained, and the two lay organizations which maintained stations were in the uncomfortable position of competing with each other for the meager sources of private support which remained to them. The Commonwealth Fund, which was aiding the thirty stations through its participation in the federal subsidy to the "hundred stations," and which had made additional grants for their temporary maintenance, was unwilling to be a partner in so unstable an enterprise.

Early in 1926 the situation became critical. The city of Vienna began to expand its network of stations, and told the private agencies frankly that it intended to absorb them or drive them out of business. One of the leaders in the private agencies was in favor of abandoning the work; another attempted to interest the larger *Krankenkassen*—those with Social Democratic affiliations—in buying service from the private stations, but was at the time unsuccessful.

The Commonwealth Fund then took the lead in suggesting a new arrangement. With the political issue it had no concern.

ONE OF THE MUNICIPAL TENEMENTS BUILT BY VIENNA SINCE THE WAR: NEW LANDMARKS CONTRASTING SHARPLY WITH THE OLD

Ewing Galloway

CHILDREN OF VIENNA

But for two reasons it believed that the private stations should be saved from extinction. The nation-wide program would be incomplete if Vienna, alone among the provinces, lost contact with the central group of demonstration stations in which the federal government had an influence and in which intensive supervision made it possible to maintain uniform standards. The scholarship program would be gravely handicapped unless Vienna, a natural training center, offered stations to which students could be sent for observation and practice. It therefore proposed that the two major private agencies should merge into a single organization for the operation of ten selected stations as model centers of child health service.

After difficult negotiations this change was accomplished. A holding committee, representing the private agencies, the federal government, the station personnel, and the Commonwealth Fund, was organized. Ten stations which gave promise of greatest usefulness and which did not duplicate existing facilities were selected, and the most able staff workers were chosen out of the personnel previously employed. The Fund paid the cost of repairing the quarters and standardizing the equipment of the ten centers, which began their new role about the end of 1926. The subsidy paid jointly by the federal government and the Commonwealth Fund, previously divided among the thirty stations, was concentrated on this group of ten and very nearly paid the total cost of operation. Another group of ten stations was able to keep open with *Krankenkassen* fees and private subscriptions, and the stations of the Caritas Verband continued to operate without change of status.

The affairs of the private stations then began to take a turn for the better. While the city continued to open new centers, many mothers showed a preference for the private stations. The mothers of illegitimate children necessarily attended the public stations, because these were under the *Jugendamt* to which they looked for the preservation of their legal rights, but many others wished to secure the consecutive health supervision which the *Jugendamt* centers were often too busy to give. The *Krankenkassen*—even

those of the same political faith as the city government—bowed to this pressure and entered into contracts under which they now pay the private stations a fee of *Sch.* 1.50 a month (21 cents) for each child from their membership who reports for examination. These revenues, coupled with the federal subsidy, are sufficient to maintain the ten stations on an apparently stable foundation. For the time being the city has ceased its aggressive tactics, and at least a temporary state of equilibrium has been reached. Whether the ten stations will eventually become part of the municipal system it is impossible to say, but they are assured of an opportunity to demonstrate good child health supervision to the public and so to influence the standards of all future work.

In the clientele of the ten stations 86 per cent of the infants, in 1928, were breast-fed during their first three months—a figure almost as high as that obtaining immediately after the war, when food shortage made breast-feeding imperative. Before the war only about 25 per cent of the children were so fed. The premiums paid by the *Krankenkassen* to mothers who nurse their children for three to six months (the period varying with the individual organization) have probably been the major factor in bringing about this change, but individual instruction by the *Fürsorgerinnen* has also had a marked effect among the mothers not enrolled in *Krankenkassen.* Mothers who belong to *Krankenkassen* must present themselves for inspection to secure the premiums, and when the child health stations are given the right to make these inspections, the doctor and *Fürsorgerin* have a strong lever to secure regular attendance at the stations. Some Vienna *Krankenkassen* require their members to go to the city centers for this certification, but in many cases these women also come voluntarily to the private stations for advice, and sometimes pay a nominal fee for the privilege. In a few cases *Krankenkassen* have opened their own stations for control and health supervision.

The ten centers bustle with activity. The personnel, carefully selected on the basis of training and native ability, is highly skilled. The physicians—pediatric specialists—do a leisurely teaching job in their consultations with the mothers in spite of the

pressure under which, at the larger stations, they must work. Often mothers are encouraged to nurse their babies at the stations so that an accurate record can be taken of the amount of milk which the baby gets. The *Fürsorgerinnen*, free of responsibility for legal services to their clients, are able to do a consecutive job of health supervision both in the homes and at the stations. They make early calls on the newborn infants, whose names they get from the parish registers, and keep closely in contact with the children until they enter school. Even in the city old superstitions linger, and it is sometimes hard to get mothers to cut the baby's finger-nails, or to cease the practice of wrapping it tightly in swaddling clothes, or to open the windows. But so many mothers have formed the habit of taking their babies out for an airing that it is hard to find them at home in the afternoons, and visiting must be done mostly in the mornings. In 1928 the 3,560 infants enrolled at the ten stations made an average of six visits each; the 2,955 preschool children made an average of nearly four visits each; and the 6,515 children of all ages received an average of more than two home visits each from the *Fürsorgerinnen*.

Each year a formal course of popular lectures on child health is given by a group of Vienna specialists for the benefit of pregnant women and mothers as well as nurses and *Fürsorgerinnen*. In connection with these lectures demonstrations are held in one of the stations which has been equipped with teaching material. Here, twice a month, the *Fürsorgerin* also meets small groups of expectant mothers to show them how to bathe the baby and to answer their questions about all sorts of related problems. In the waiting rooms of the stations the *Fürsorgerinnen* hang their own home-made health posters, and when they have opportunity, they give impromptu as well as prepared talks to the waiting mothers. Sewing classes have been held at some of the stations. A travelling set of teaching material has now been provided to permit the extension of systematic class-work to all the stations.

The ten stations have also begun to play a part in the undergraduate training of *Fürsorgerinnen*; one of the Vienna schools sends all its students into the stations for a month's practical

work, during which they attend consultations, help in keeping the records, and make home visits both with and without the station *Fürsorgerin.* Similar training, much more briefly, is given the *Fürsorgerinnen* who are brought to Vienna for a review course.

Eleven prenatal stations are associated with the private child health centers; eight of them in hospitals and three in the quarters of the child health stations. Each has an obstetrician as chief and the station *Fürsorgerin* attends the consultations and makes home visits on the mothers. Doctors in the out-patient departments of the hospitals to which prenatal stations are attached make a practice of routing their patients for examination into the station so that the *Fürsorgerin* has an opportunity to make contact with them.

The early special grants to Vienna institutions have already been mentioned. Direct and unconditional help in replacing worn-out equipment, providing surgical instruments and general supplies, or improving housing and clinical facilities, was given to the Weidlingau Convalescent Home of the Vienna Kinderklinik and the Kinderklinik itself, the Universitäts-Frauenklinik, the Frauenklinik of the Allgemeines Krankenhaus, the Maternity Hospital directed by Professor Piskaczek, the Mautner-Markhof'sche Children's Hospital, the Kaiser Franz Josefspital, the eye department of the Allgemeine Poliklinik, and the Bellevue Home for Tuberculous Children. In an orthopedic hospital where a larger staff was urgently needed, the Fund tided over the period before budget appropriations could be made by carrying the salary of two doctors for six months. Similarly a teaching nurse was provided for the Kaiser Franz Josefspital so that a training course could be begun in an excellent institution which soon took over the salary into its own budget. The St. Josef Kinderspital asked for help in reconstructing its infants' ward and out-patient department (which housed a child health station) and improving its milk kitchen; the Fund declined to make a grant while the hospital was carrying an accumulated deficit; when this deficit was wiped out by a special campaign the Fund contributed half the cost of the improvements. Two schools for *Fürsorgerinnen* were aided with

small grants, to build up the staff in one case, to make necessary building changes in another. The last of the direct gifts was made to the Verein Herzstation, the only agency especially devoted to the supervision of cardiacs, where the Fund shared with the federal government and with private contributors the cost of providing suitable quarters for the care of children. Forty-one *Fürsorgerinnen* and nurses and eight doctors connected with local health institutions were given scholarships.

COMMITTEE FOR THE TEN STATIONS, VIENNA

LEOPOLD MOLL, M.D., *Chairman*	ALFONS FORAMITTI, M.D.
WILLIAM J. FRENCH, M.D.	HORTENSE HILBERT, R.N.
ROBERT DEHNE, M.D.	MARIANNE DANKO
A. REUSS, M.D.	LUISE LÖHR

II

Lower Austria—out of which the province of Vienna was carved after the war—is the largest and most populous province in Austria, the seat of its principal industries, and the home of the *Jugendamt* in its most ambitious form. Nowhere else have the theory and practice of legal guardianship for illegitimate and dependent children been pushed so far. Though welfare work in the province started with the establishment of professional guardianship in an enormous children's home where 2,000 children were admitted every year, it has developed away from the institutional pattern into a varied program which emphasizes the supervision of children in their own homes and in foster homes, and which includes liberal provisions for vacations, for special educational opportunities, and for vocational guidance for the state's wards. There are no less than 279 *Mutterberatungsstellen* in the province—one for every 5,300 people.

Two cities, St. Pölten and Wiener-Neustadt, both strongly Social Democratic, maintain their own *Jugendämter*, and the work in St. Pölten, under a woman of great initiative and capacity, has developed into one of the most striking pieces of unified child

health service in Austria. Here the *Fürsorgerinnen*, the legal guardian, a kindergarten, a day nursery, an orthopedic clinic, a dental clinic, a school lunch room, and a child health station share the use of a single building. Three-fourths of the visits made by the *Fürsorgerinnen* are said to be for health purposes. The local records indicate that infant mortality has been reduced from 261.5 in 1920 to 60 in 1928—a noteworthy accomplishment even when allowance is made for the abnormal conditions of the years immediately following the war. Outside these two cities welfare work is administered by the provincial *Jugendamt*, which has had a physician on its staff since 1921 to care for the health phases of the program, and which maintains its own *Fürsorgerin* school.

The advanced state of welfare work in Lower Austria, and its fixed orientation, created a situation in which there was little need or opportunity for special aid from American sources. Twenty-two *Fürsorgerinnen*, nine physicians, and the head of the provincial and St. Pölten *Jugendämter* were given scholarships, and twelve students from the provincial *Fürsorgerin* school were given a special course in orthopedic nursing. Early in the Fund's Austrian work temporary help was given to a private child health project in and about the town of Liesing, just outside Vienna, but this enterprise was taken over by the local authorities in 1925 and further help was unnecessary. A quartz lamp and laboratory equipment were given to the children's hospital at Baden. Some scholarship students from other provinces have been sent to study the work at St. Pölten. Aside from these contacts, the Fund has served Lower Austria only through its general participation in the work of the "hundred stations," ten of which are located in the province.

III

Upper Austria shares with Lower Austria the distinction—an important one in Austrian economy—of being largely flat and fertile instead of broken into mountains and rough valleys. Here agriculture reaches a high state of development and the peasants—living in enormous stone and brick houses built around a square

court, with the family, the servants, and the animals occupying the building together, and the treasury of manure in the center—are the wealthiest farmers in Austria. The southern part of the province is mountainous, and the Salzkammergut, once an important source of salt, is now a favorite holiday district. Beside a lake and under the shadow of the Traunstein—a great cliff—lies the charming old town of Gmunden, where the Fund took some tentative steps in 1924 toward the intensive development of child health services. Two *Fürsorgerinnen* were added to the local staff, bicycles were bought for all the *Fürsorgerinnen*, and scholarships were given, but further projects proved to be impracticable until 1928, when a prenatal station was equipped and opened. At Braunau, a village of 4,000 on the Bavarian border, a difficult situation arose when the child health station found itself losing its clients because they did not wish to come to the roadhouse where it was quartered. There was no other place to go, and the Fund helped in the construction of a new house especially built for *Fürsorge* service. The city gave the land and about half the building cost, and the Fund and the provincial *Jugendamt* made up the balance.

The provincial *Jugendamt* had an excellent teaching program, with a travelling *Fürsorgerin* working out of Linz, the capital, and visiting all parts of the province. The Fund was asked to provide a portable exhibit of health education material for her use, and did so, later supplementing its aid with a gift of reference books. The province also asked help in the construction of a new school for *Fürsorgerinnen* and children's nurses, which it planned to establish in Linz by remodeling an old peasant house on the outskirts of the city into a well-baby home. The Fund was not convinced that another training school was needed in Austria, but the province maintained that rural conditions in Upper Austria were so distinctive that special training was required to cope with them. An excellent institution, comparing very favorably in equipment and administrative standards with the more imposing hospitals of Vienna and the provincial capitals, was opened in 1926 without American help. The Fund did assist, however, in the strengthen-

ing of the provincial midwife school by the gift of teaching materials, and helped the province to begin postgraduate courses for practicing midwives. Through the "hundred stations" committee, it cooperated also in the maintenance and supervision of thirteen of the forty-four child health stations and branch stations of the province, and gave scholarships to many doctors and *Fürsorgerinnen.*

IV

It is only a few kilometers from the well-kept farms of Lower Austria and even from the fashionable shops of Vienna's Kärntnerstrasse to the borders of Burgenland, but those few kilometers hold a dramatic change for the traveller. Burgenland is the one compensation which Austria received, under the peace treaty, for the loss of southern Tyrol and the German-speaking parts of Bohemia, and even then the one important city of the province was left in Hungarian hands. Historically it was an undivided part of Hungary; its people are a mixture of Austrians, Hungarians, Slovenians and Croats; its roads and villages and farms are perhaps a generation behind the neighboring provinces of Styria and Lower Austria. Austrians remark with plaintive humor that when they have civilized a piece of country it is taken away from them, and view without enthusiasm the task of modernizing their new territory. It is a useful addition to Austria's meager supply of arable land, however, and the government has tackled the job of development with a determination to see it through and to prove to the Burgenland that it is a good thing to be Austrian. Even the gypsies who are found here, and almost nowhere else in Austria, are being urged to live in houses (houses which look much like their odds and ends of clothing, to be sure) and to accommodate themselves to a more stable social economy than they have previously known.

Burgenland has begun its social and health work after the pattern of Lower Austria, with a provincial *Jugendamt* in charge of its six child health stations and its guardianship program. An *Oberfürsorgerin*—the first in Austria to be paid entirely from pro-

vincial funds—supervises a staff of workers who are, for the most part, natives of the province with varied and scanty preparation for their work. The provincial health officer, the head of the *Jugendamt*, the *Oberfürsorgerin*, and four of the *Fürsorgerinnen* have received scholarships, and two more girls are being trained at American expense for promised appointments to child health stations. Short postgraduate courses in Vienna were arranged for twenty-two Burgenland doctors. The province itself has taken hold of the task of training its health personnel; in 1927 a summer conference for *Fürsorgerinnen*, legal guardians, and midwives was conducted on local initiative and at local expense. It will take a long time to bring the shaggy hills and stark white villages of Burgenland into the Austrian picture, but at least child health work is on its way to develop as rapidly as education and agriculture, and has already outstripped the indescribable roads.

Chapter Nine: THE WORKERS

It is comparatively easy, in such a report as this, to give some clue to the organization, the theory, the program of health work in Austria. It is hard to paint in lifelike colors a picture of the men and women who do it; their keen enthusiasms, their naive pride, their courtesy and wit, their cheerful poverty, their fears for the future of Austria and their power to dissociate themselves from their fears and throw themselves without reservation into the task at hand.

None of the characteristic groups of health workers in Austria —the peasant midwives, the lay and "religious" nurses, the physicians, the *Fürsorgerinnen*—is exactly like any similar group in the United States. The midwives, whatever their limitations, have a position of responsibility which midwives never attain in America. Nursing is much more largely in the hands of religious sisterhoods than in America, and even the lay nurses, outside the best of the Vienna training schools, are the product of a training system which is less systematized and less thorough than the average American preparation. The doctors, with excellent training in diagnosis, are on the whole less interested in the technique of handling the patient than the better American doctor[1], but they have accepted public health responsibility and have entered into amicable relations with the sick insurance companies to a degree which would be unthinkable among the orthodox practicing physicians in the United States. The *Fürsorgerin* has no American counterpart.

The *Fürsorgerin* is the product of a system of health and social work which largely centralizes responsibility for child care in the government and which lays down a broadly standardized procedure

[1] In this connection, however, the disciplined attitude of the patient, already referred to, must be considered.

for the handling of several major social problems—illegitimacy, orphanhood, neglect of children. As a social worker she depends more upon the law and relies less upon independent case-work than the family welfare worker in the United States; as a health worker she does a less intensive job than the public health nurse. As a two-handed worker she occupies a strategic position, and probably has an influence which is potentially greater than that of either social worker or nurse alone.

II

It is impossible to say in general terms—terms which would be true for all the provinces and for both urban and rural districts—just what a *Fürsorgerin* does. Her work varies with the social conditions which she encounters, with the range of her training, and with the circumstances of her employment. Outside the group of demonstration stations in Vienna, no *Fürsorgerin* is exclusively a health worker. Outside certain specialized bureaus of the *Jugendämter*, such as those which provide care for delinquents and offer vocational guidance, few are exclusively social workers. A day's record from a work-diary kept in the spring of 1929 by a well-trained worker in a rural district in Tyrol may throw some light on the content of the *Fürsorgerin's* service when she is employed by an agency interested primarily in child health:

Morning

To parish office for the birth lists. I call for these lists from the parish priest each week. During this week there were two legitimate and one illegitimate births.

To the Caritas Verband. Since I had been on a six hours' walking trip in the Spertenthal on Saturday and had visited all the foster children in that territory, I could give exact reports on these cases to the district guardian. In one family I found a five-year-old boy suffering from a severe bone tuberculosis. There were four other children in the family, three belonging to the family and one two-year-old foster child. The children seem well, but the sick one absolutely needs some special treatment. I should like to try to bring him into an institution. Since the community must appropriate *Sch.* 40 a month for the care of the child, something could be accomplished even with this amount.

To the mayor. This case was explained to him. If we succeed in getting the child able to earn its living, the cost, which the community has to bear,

will be less than if the child is left to its fate in this lonely mountain home where he will possibly endanger other children through infection. Since we have no institution in the Tyrol for bone tuberculosis, there are many difficulties in cases of this kind, and the mayor has agreed to make inquiries about the Sonnenkinderheim Murau in Styria.

Frau S. Three-year-old child. Came to the child health station on the previous Wednesday with an injury above its eye. Since the station physician had already left, I advised her to go to one privately. The woman went and through frequent applications the swelling has been reduced.

Frau T. Five children, all of whom are registered in the child health station. The oldest is hardly six years old and the mother is again pregnant. Home conditions are bad; a small watchman's house consisting of a tiny kitchen and a bedroom. The father is tuberculous, sleeps in the same room with his family. Various attempts to get him into the clinic have been unsuccessful. The youngest child is six months old and, regardless of all efforts to care for it well, does not get on. Its birth weight was 3,800 grams and at six months was only 4,800 grams; the mother nursed it for four months. Only in the last month it gained 600 grams through the addition of butter and cereal feeding and cod liver oil. I promised the mother to renew contact with the railway physician in order to arrange that the father be hospitalized before wife and children are further endangered.

Afternoon

Half an hour's walk to B—— by way of S——. A second child is expected in the home of a peasant in S——. The woman is healthy, strong, and the first-born is a beautiful child of two years. I gave the peasant woman the address of a woman who would be willing to help her out in the household after confinement.

In S—— there is a family with eight children. The mother has crippled legs and the children are undernourished and rachitic. The mother asked me to intercede with the community to allow her five school children, for whom the long way to school in this bitterly cold winter was really no small matter, to eat and sleep in the *Gemeindehaus*. I hope to succeed in getting a home for the family nearer to town, for the great distance from the place of employment often makes the father, who is not very well, lose much work time. The youngest child is eight months old, has no teeth and looks very pale. Fontanelle wide open. I promised the mother a bottle of cod liver oil which can be fetched from the child health station by one of the older children.

In order to give a balanced picture of the *Fürsorgerin's* range of activity another diary may be quoted. This comes from an equally capable worker employed by the provincial *Jugendamt* of Upper Austria.

Monday

Three hours' clerical work: entries in the admission and discharge book, in the diary, and on the individual records.

Six advisory visits to healthy infants and preschool children. Two practical demonstrations: cleansing nose and ears of an infant, and preparation of a feeding.

A home visit to a new-born. Advice given in regard to regular breast-feeding; home visit to a foster child (a request for a medical examination in accordance with the wish of the legal guardian court).

Two official errands: one to the town government in regard to preparation of statistical work on the health departments of the communities of the court district R——; and a visit to an occupational guardian in regard to the admission of a juvenile to the school for domestic servants.

A client came to request information in regard to the status of negotiations for support of her illegitimate child. Written inquiry of the *Fürsorgerin* to the general legal guardianship of R——.

Tuesday

At half past six in the morning a gendarme appeared requesting that three children who had been taken away from their parents be kept a half-day in the child health station. (The children should have been taken to the children's home in S—— on the early morning train, but had missed the train and the children had to wait until noon.)

Errand to post-office with the report of the legal guardianship. An advisory visit to a one-year-old child.

At half past seven the children appeared with the husband of their mother, with a gendarme, and the village secretary, and the *Fürsorgerin* was requested to cook a noon meal for the children so that the foster father would not have to take them home again. The village secretary requests a train schedule for S——.

Errand to St. V——. Visit to the school: requested a list of foster children; the school director asked for information in regard to the distribution of prizes for teachers who helped enthusiastically with the collection for the *Kinderwoche*. Four *Fürsorge* visits in St. V——, among them two to foster children, one of whom manifests the disadvantages of poor training, the other suffering from the results of infantile paralysis and requiring orthopedic after-care. Advisory visits to three children (instruction in regard to sensible hygiene and prevention of rickets).

Walked to U——. Home visit to a new-born where breast-feeding had to be discontinued on account of mastitis of the mother; instruction as to preparation of artificial feeding; the mother referred to physician; filling out of the required registration blank for the legal guardianship office since this is an illegitimate child.

Walked to W——. Four visits to nine children; one feeble-minded child, at the request of the parents, was to be brought to an institution where it could

learn a manual occupation. The *Landesjugendamt* had written a long time ago that no such institution exists in Upper Austria and that it would be best to teach the child farm work. Eighteen kilometers [between eleven and twelve miles] were covered during the day, partly in deep snow. Returned at eight o'clock in the evening.

The *Fürsorgerin* at her best is a flexible worker whose native intelligence and love for her job carry her successfully through what might easily become a troublesome dilemma. It takes initiative and good judgment to work for a lawyer and a doctor at the same time. Not all *Fürsorgerinnen* have these qualities; as a group, however, they rate high. The overturn of tradition and the collapse of private fortunes brought many girls of good family into the professions after the war. Those who were motor-minded, fond of the outdoors, and interested in people turned naturally to the new vocation of the *Fürsorgerin*, and at village stations today one finds a surprising number of girls who bring unused titles and a long inheritance of *savoir faire* to the service of peasants and mill-hands. The greater number are drawn from the upper middle-classes. Some declare they are *Fürsorgerinnen* because they love children; some because "it is in the nature of a woman to care for people"; some because any task is for them preferable to the sedentary life of a teacher or an office-worker.

In a country where the menace of unemployment is always just around the corner, and where tenure of office is scrupulously guarded in the civil service and in private employment, the *Fürsorgerin* is in a hazardous position. Only in two provinces is she eligible to the status of a permanent civil servant, which carries the right to a pension of 90 per cent of the final wage at the time of retirement. Elsewhere she is employed only from year to year on a contract basis; she may lose her job if the government curtails its budget; she must buy old-age insurance for herself, and the most she can receive is three-fourths of her final wage after forty years of service.

But girls crowd into the profession nevertheless. There are now seven schools to train them—a city school in Vienna and provincial schools in Upper and Lower Austria, all training for

local service; three private institutions in Vienna and one in Graz preparing for work anywhere in Austria. There is no uniformity of method. The school which has sent the largest number of women into the child health stations, that connected with the Reichsanstalt in Vienna, gives in one year a thorough grounding in infant nursing, some social service theory, and little else. The provincial school in Lower Austria includes a year of supervised practice in its three-year course. The other five require two years, and mingle social theory, legal instruction, nursing and public health work in varying formulas. At Graz, for instance, students have seventeen weeks of practice in the general hospital (in the internal medicine, surgical and maternity departments), twelve weeks in the children's hospital, and two weeks in the tuberculosis station, and devote the rest of the time to classroom instruction in social work and public health. The title of *Fürsorgerin* goes with the job and not with the training; many women quite without special preparation and with only the usual average of schooling were drafted during the years when the *Jugendämter* and health stations were expanding so rapidly, and are still in service. The Fund made special provision for such workers in its scholarship program.[1] The present requirement for admission to the *Fürsorgerin* schools is completion of a junior high school course plus two additional years of high school or advanced vocational courses. There is a professional organization of *Fürsorgerinnen* (there are in fact two, but one is largely political and includes also professional workers of other sorts) which has the standardization of training as one of its objectives, but its funds are naturally very meager and it has not yet attained sufficient influence to alter the situation.

As a matter of fact it is probably too soon to begin such standardization. The vocation of the *Fürsorgerin* is not yet twenty years old in Austria, and those twenty years have been so full of change that the premises for action are not yet clear. The Fund has had the privilege, through its scholarship program, of helping to expose the new profession to the influence of British, Ger-

[1] See page 35.

man, Swiss, and American ideas of health and social work, so that its horizon is perhaps broader than it would otherwise have been. Naturally the demands of the difficult task which the *Fürsorgerin* is trying to do will not be met indefinitely by girls with the present minimum of training. But all indications point to the experimental development of better-trained workers of the same type rather than the adoption of British or American theories of job-organization; the public health nurse is all but unknown in Austria and there is no demand for her outside the tuberculosis field; and the family case-worker would be for present-day Austria an impossible luxury of specialization. Whether Austria's experience will eventually throw light on the possibility of generalizing at least rural welfare work in the United States remains to be seen.

III

One thing at least is clear. It would be grossly inaccurate to think of Austria as a country in which health and social work is in a rudimentary stage. The generalized worker who is the spearhead of both types of service could do little alone. But behind the *Fürsorgerin* as a health worker stands the medical profession—child health station physicians everywhere, school physicians and school dentists in many communities, tuberculosis specialists, hospital directors, *Bezirk* and *Gemeinde* physicians, and ultimately the provincial and federal departments of health. The organization of public health responsibility among doctors, down to the smallest village, is theoretically at least far superior to anything the United States has contrived. In the smaller towns the practice of medicine and public health is generalized to a high degree. The presence in this impoverished country of no less than 508 child health stations (including branches) is astonishing; there is now an average of one station to every 13,000 people. Even though the distribution is far from uniform, the movement for health supervision of young children has gone much farther than in most American states. Provincial authorities are already facing the problem of extending constructive health service into fields where the health stations cannot reach; the new emphasis on

child-care training for midwives looks in this direction, and in Carinthia and elsewhere the possibility of training teachers for a more active share in health leadership is being considered.

On the other hand, the provisions of Austrian law and the machinery of provincial government provide a wealth of authority and a growing body of institutional resources for those who are attempting to solve the social difficulties of children. There are no mothers' pensions (though in some places small subventions are made to keep families together), but there is a well-organized system of control over fatherless children, orphans, foster children, and apprentices. The state has concerned itself directly with the rights of the dependent child. No single type of institutional care is well developed throughout Austria, but there are some receiving homes, some tuberculosis preventoria and sanatoria, some homes for mothers of illegitimate children, many vacation and fresh-air homes—Lower Austria has turned not a few of its castles to this use—a rich variety of vocational schools. Here also the provinces are feeling their way toward further progress. Carinthia, for instance, has begun to study the possibility of merging the work of the *Fürsorgerin* and the legal guardian in small communities where both could not be supported. New institutions, not of the old omnibus type, but planned to meet specific needs, are projected almost everywhere. The collapse of private philanthropy fortunately coincided with the appearance of new ideas of social treatment; obsolescent institutions are not often kept alive by vested interests; and the resources of the state are increasingly pledged to modern methods of care.

As the federal government comes into closer working relations with the provinces the present diversity of organization in welfare work will no doubt be straightened out. A law now pending would create a federal *Jugendamt* and would define clearly the relationship between provincial health and welfare authorities. These are still jockeying for position, and no early decision is likely to be reached, but it is safe to predict that the public health objectives of the health stations and the *Fürsorgerinnen* will be adequately protected when the law is passed.

The details of child care in Austria will naturally change, and change often, in the coming years. Everything is still subject to change in a country which has not yet caught its breath after an exhausting war and a dizzying transformation. But the direction of public health effort, to all appearances, is firmly fixed; it is the same as that of enlightened governments everywhere. Austria has grave doubts of her future as a nation, but she is determined to safeguard the future of her children.

SPECIAL GRANTS

AUSTRIA AT LARGE

Child Health Station Committee (Dr. Dehne)—to increase *Fürsorgerin* salaries	$2,000.00
Child Health Station Committee—equipment for twenty-five prenatal stations	1,896.00
Equipment of additional prenatal stations	750.00
Teaching material for use in child health stations and for holding mothers' courses	1,000.00
National Department of Health—to assist in publication of tuberculosis booklet	1,069.15

SALZBURG

1924 – 1925

City of Salzburg—school bath	$ 882.40

1926 – 1927

Landesverein vom Roten Kreuz für Salzburg—purchase of X-ray apparatus and accessories for tuberculosis station	991.13
Children's Home at Abtenau—building of veranda, purchase of mattresses and blankets	719.62
Visiting nurse service, Salzburg—two bicycles	70.00

1927 – 1928

Dental clinic, Salzburg—improvements	353.20
Children's Hospital, Salzburg—additional building and miscellaneous improvements	14,500.00

1928 – 1929

Dental clinic—new equipment	857.00
Gries School, Frau Brandl, principal—installation of eight hand wash basins	271.52
Adaptation and furnishing of rooms for *Fürsorgerinnen*	1,266.84
Grafenhof Alpine Children's Home, Hochalm—additional building and improvements	844.30
Child health station, Tamsweg—equipment	141.13

TYROL

1924 – 1925

Landeskommission, Innsbruck—permanent health exhibit	$ 400.00

1926 – 1927

Child health station, Innsbruck—equipment for model station	990.50
Infants' home at Axams, near Innsbruck—equipment	600.00
Midwife school connected with the University Maternity Clinic, Innsbruck—teaching material	225.00

VORARLBERG

1927–1928

Bregenz school—scales	$ 36.97
Dornbirn school—scales	28.20
Dornbirn City Council—school bath	1,760.19

STYRIA

1924–1925

Children's Hospital, Graz—diphtheria work, milk kitchen, babies' ward, warm water installation in out-patient department, nurses' linen, equipment	$6,400.00
Graz Jugendamt—children's tuberculosis convalescent homes	700.00

1925–1926

Soziale Bereitschaft, Graz—salary of visiting nurse	170.94

1926–1927

Children's Hospital, Graz—teaching nurse	237.42
Children's Hospital, Graz—building alterations	1,025.69
Midwife school connected with the University Maternity Clinic, Graz—teaching material	84.35
Soziale Bereitschaft, Graz—services of an additional visiting nurse (continued into 1927–1928)	624.30
Children's Hospital, Graz—living quarters for student nurses, including furnishing	1,916.32

1927–1928

Children's Hospital, Graz—teaching nurse	127.17

CARINTHIA

1924–1925

Maternity department of the Provincial Hospital, Klagenfurt (Dr. Hiess)—operating room equipment, etc.	$ 800.00
Child health station, Ferlach—equipment	128.46
Tuberculosis station, Wolfsberg—equipment	297.22
Tuberculosis station, Klagenfurt—equipment	98.95
City health department, Klagenfurt—anti-luetic treatment	247.53
Child health station, Klagenfurt—for prenatal clinic	148.76
Child health station, Klagenfurt—for *diti* beds	156.33
Midwife school connected with Provincial Hospital, Klagenfurt—teaching material and equipment	1,500.00

1925–1926

Maternity department of the Provincial Hospital, Klagenfurt (Dr. Hiess)—building alterations, infants' room, and milk kitchen	694.56

1926–1927

City health department, Klagenfurt—apparatus for making Meinicke tests	283.26

1927–1928

Verein zur Bekämpfung der Tuberkulose in Kärnten, Klagenfurt—erection of tuberculosis *Fürsorge* building and X-ray apparatus	2,412.33
Provincial *Jugendamt*, Klagenfurt (Dr. Höfler)—traveling health exhibit	252.27

1928–1929

Provincial *Jugendamt*, Klagenfurt—equipment for office of newly appointed provincial *Jugendamt* physician	423.50
Provincial Hospital, Klagenfurt—to establish nursing school in children's department and adapt and rebuild and equip children's hospital	2,332.48
Eye department, children's ward, Provincial Hospital, Klagenfurt—general improvements and recreation room	914.53
Child health station, St. Ruprecht—equipment	56.35

VIENNA

1923–1924

Weidlingau Convalescent Home, Vienna Kinderklinik (Prof. Pirquet)—general improvements	$3,500.00
Universitäts-Frauenklinik, Vienna (Prof. Peham)—instruments, equipment, etc	7,500.00

Amerikanisch-Oesterreichisches Kinderhilfswerk—supplementary salaries for Austrian employees	$3,600.00
Allgemeine Poliklinik, Vienna, department for cancer research (Dr. Mannaberg)	200.00
Frauenklinik, Allgemeines Krankenhaus (Prof. F. Kermauner)—equipment, linen, etc	400.00
Maternity Hospital, Vienna (Prof. Piskaczek)—medical and surgical equipment	400.00
Mautner-Markhof'sche Children's Hospital, Vienna (Dr. Salzer)—equipment, surgical instruments, linen, etc.	200.00
Kaiser Franz Josefspital, Vienna (Dr. Robert Stein)—medical equipment	200.00
1924–1925	
Allgemeine Poliklinik, Vienna, eye department (Dr. Lindner)—clinical apparatus	1,500.00
National Department of Health (Dr. Helly)—for compilation of goiter statistics for Vienna hygiene exhibition	360.00
Bellevue Home for Tuberculous Children—quartz lamp, linen, etc., operating expenses	600.00
1925–1926	
Orthopedic Hospital (Dr. Spitzy)—salary of two doctors for period of six months	198.00
1926–1927	
Vereinigte Fachkurse für Volkspflege (Frl. Arlt)—salaries of three office workers for the months of September and October	127.66
Kinderklinik (Prof. Pirquet)—glass partitions in hospital in children's ward and equipment for health demonstration	761.74
Ten Vienna child health stations—improvements	747.63
1927–1928	
Kaiser Franz Josefspital, children's department (Prof. Reuss)—teaching nurse	508.91
St. Josef Kinderspital (Dozent Dr. Rach)—building of room for child health station, reconstructing infants' ward, improving and re-equipping milk kitchen	2,117.97
Soziale Frauenschule (Dr. Berta Pichl)—changes in new quarters	282.24
National Department of Health—exhibit at International Conference of Social Work, Paris	704.81
1928–1929	
Verein Herzstation, Vienna (Dozent Zak)—aid in rebuilding ambulatorium to provide children's dispensary and installing better therapeutic baths in hospital	1,696.23

LOWER AUSTRIA

1923–1924

Infants' home, Baden—quartz lamp	$ 200.00

1924–1925

Children's home, Liesing (Rodaun)—linen, and operating expenses	4,700.00

UPPER AUSTRIA

1924–1925

Fürsorgerinnen in Gmunden—eight bicycles	$ 280.48
Provincial *Jugendamt*, Linz—travelling health exhibit	584.00

1925–1926

Infants' Home, Steyr—sun-porch	500.00

1926–1927

Midwife school connected with the Provincial Hospital, Linz—post-graduate midwife scholarships	141.06

1927–1928

Midwife school connected with the Provincial Hospital, Linz (Prof. Ertl)—teaching materials	116.50
Braunau am Inn—construction of *Fürsorge* house	564.77
Provincial *Jugendamt*, Linz (Dr. Zehetner)—epidiascope, reference books	197.47

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